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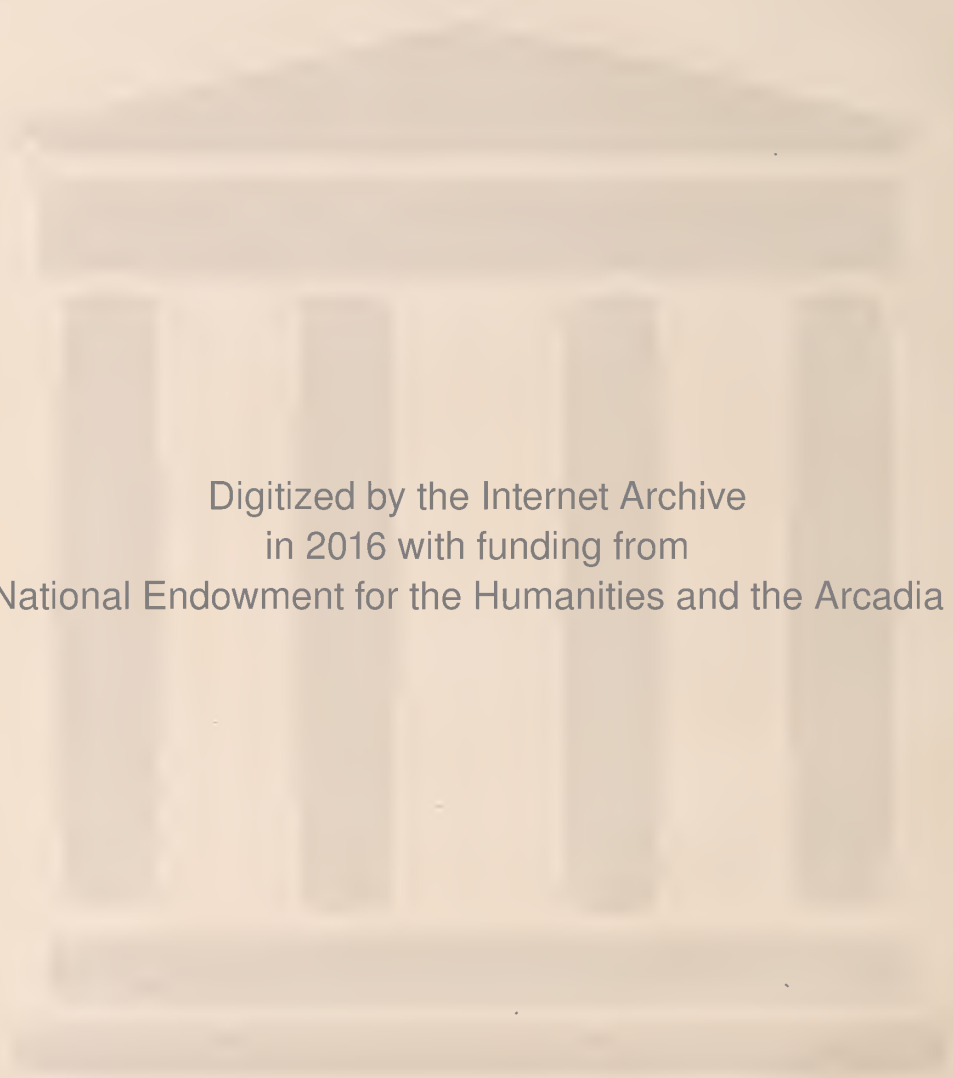
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The New York Academy of Medicine

By Ohio State Medical
Association 1919



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¶ If, for any reason, you failed to pay your association dues before January 1, please see the secretary-treasurer of your County society immediately.

¶ Your membership lapsed on December 31, 1917.

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THE N. Y. ACADEMY
OF MEDICINE

FEB 19 1918

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Next Meeting of the State Association,
Columbus, May 13, 14 and 15, 1918

Editorials

To You, Wherever This Reaches You

This initial issue of the new year will go to all quarters of the globe to the scattered membership of the State Association. The revised mailing list of *The Journal* is a startling tangible indicator of the part Ohio physicians are taking in the Great War. *Journals* which one short year ago were being sent to the doctors in quiet country towns and the office buildings of our larger cities, this month are going to the battle-scarred towns of France where our expeditionary forces are located; to the Canal Zone; to the Philippines and to other Pacific stations; even a few to Serbia and to one of the Russian ports. They are going in greater numbers to the training camps of our own country, where our members are playing so important a part in training the great army that is to be hurled against the Hun.

To these patriot physicians who have left home and practice, and sacrificed so much to answer their nation's call, *The Journal* extends greetings. We hope that the new year will witness the complete accomplishment of the great task that has drawn you away.

Hundreds of your fellow practitioners here in Ohio, who are barred from active service by various reasons, pledge to you that in your absence—while you are fighting our battles—we will do our utmost to protect your interests here at home, so that when you return with the armies triumphant, you will find conditions at least as good as when you left. It is the least we can do.

Shall We Draft Physicians?

Would the best interests of the Army, the civilian population and the medical profession be served by the institution of a general system of conscription for physicians? This proposition has been the subject of serious consideration in recent months by physicians throughout United States and, of course, there is a wide difference of opinion. In this number we have the privilege of publishing an extremely interesting discussion of the matter by Dr. Daniel S. Gardner, of Massillon and we recommend that it be carefully read.

In discussing military conditions with physicians in various sections of the state the writer has been surprised to find considerable sentiment in favor of the conscription plan. At first thought it might seem that any plan to draft doctors would be very generally opposed, but many of those who have given careful attention to the subject are inclined to take the opposite view. Dr. Gardner, in his paper, strongly advocates the immediate institution of medical con-

scription and advances arguments in behalf of the step. The paper is particularly valuable by reason of the fact that he has gone into the practical phases of the matter and has outlined, in tangible form, an administrative scheme for the successful operation of the plan.

Need of some modification of our volunteer system is clear. Probably its most serious practical defect is its failure to reach the class of physicians most urgently needed—the young men under thirty-five who are physically equipped for hard service at the front. Other defects are apparent. For example, there are in Ohio a number of communities where the civilian population has been left without adequate medical facilities. Further, it cannot be denied that throughout the country our medical teaching institutions are being seriously handicapped. A still more potent argument for general conscription, in our opinion, is the fact that it will distribute the burden of the war equally throughout the profession.

The Journal is not of the opinion that it will be necessary to institute medical conscription in order to secure a sufficient number of physicians to care for our armies. The patriotism of the profession has provided for that, up to this time, and will as the need increases. *The Journal* feels that the subject of medical conscription should be given careful consideration on account of its other features.

Isn't This the Time?

Why is not the present the most propitious time to urge the establishment of a national department of health, with representation in the president's cabinet? The matter has been under consideration for many years, but today more than ever before the importance of the medical profession is apparent. Today the people are realizing, as never before, that a trained and educated medical profession is one of the nation's greatest fighting and civil assets. According to cable dispatches, Lloyd George has under way a scheme to nationalize medical service in England. The war and social conditions caused by the war will bring the United States to this status within a comparatively short time.

In a letter to *The Journal*, Dr. F. V. Dotterweich, of Ashland, urges this point strongly, and particularly urges that the present system of state licensure, which narrowly confines the physician's practice to state border lines, should be abandoned.

"If my government can ship me to any cantonment it desires, to treat men from every corner of this great country, why cannot it permit me to practice as a civilian in the same territory?" Dr. Dotterweich pointedly inquires.

We give it up. Why can't you, Uncle Sam?

And So the Battle Rages

In these days, when the subject of state sickness insurance is receiving increasing attention in the medical press of the country, you may find expressions of opinion running the complete gamut. The ever-alert secretary of the American Association for Labor Legislation keeps our desk well supplied with opinions by those medical propagandists who seem to feel that the adoption of sickness insurance will right the accumulated wrongs of the ages, and will be peaches and cream for the medical men who will be privileged to work under such a scheme. At the other end of the range—which seems to include every shade of enthusiastic, warm and tempered praise, and modified criticism descending to very definite opposition—might be cited the following excerpt from a communication submitted to *The New York Medical Journal* by Dr. W. P. Cunningham, of New York:

"Conceived in iniquity, nurtured on hypocrisy, struggling for deliverance at the frantic behest of socialistic doctrinaires, compulsory health insurance should die a-borning. Nowhere has the swinish greed of the debasing propaganda of state socialism been more brazenly exposed than in this merciless attempt to steal the livelihood of the most unselfish profession in the world. Socialism would adjust the recompense of the almighty dictator of the hammer and the chisel to the full product of his toil, but would sweep away the meagre earnings now enjoyed by the half-paid Æsculapian! What a noble effort to uplift is this initial effort to destroy! What a glorious harbinger of industrial emancipation is this attempt to shackle and impoverish a great and zealous body of practical humanitarians! And with what honeyed words of shameless deceit, is it sought to cajole the guileless practitioner into supporting a conspiracy to cut his own professional throat! He is assured that it will actually be to his material advantage to do for ten cents a visit what he now does for a dollar or more! Can that be matched for impudence? The motives actuating the prime movers of this monstrous treachery of a licensing community to the holders of its certificates, are not far to seek. Professional "uplifters" of a certain stripe working for a salary or for the dominance of their pseudo humanitarian institutions seek to put the medical profession in a position of utter helplessness. Thus the 'uplifter' will be the commanding factor in the management of the sick and the doctor his cowering dependent. The socialistic element has already been referred to and is perfectly frank in its purpose. Politicians lay hold of any scheme that will prove attractive to their constituents and involve the spending of the public money.

"If the doctors had had the sense to combine for mutual protection, as have the smarter plumbers, hatters, street sweepers, motormen, and

navvies, the truckling politicians would not have dared to make a move in the direction of compulsory health insurance."

We are inclined to think that Dr. Cunningham is against it.

This is Your Chance to Help

Here is an opportunity for you to render important service. Get behind the movement that has been launched at Washington to provide increased rank for the medical officers of the army. It is a matter of grave moment, and while incidentally it will improve the condition of physicians who have entered the service, the chief reason for urging its adoption is that it will very materially improve our war machine—and certainly that is the most important consideration facing Americans at this time.

Civilian physicians, by explaining the matter to civic bodies in their home communities, and by securing their support for the project, must be depended upon to bring to the nation a realization of its need. Medical men familiar with the unfortunate history of the past in this regard must do all in their power to prevent a recurrence of our Spanish American War experience, or of the more recent British blunders in the Mesopotamian campaign before Britain learned its lesson.

We commend to your earnest consideration the plan adopted by Dr. Charles M. Harpster of Toledo. When the project was launched in Washington, as reported in *The Journal of the A. M. A.*, Dr. Harpster epitomized the reasons prompting such a movement in a set of resolutions. These he presented at one of the weekly meetings of the Toledo Exchange Club—a group of business and professional men representing practically every line of activity in his city. After he had briefly pointed out the need of such increased rank, the club adopted the resolutions unanimously and directed that copies be forwarded to Senators Pomerene and Harding and to Congressman Sherwood. This gave real weight to the action, as these legislators are familiar with the representative nature of the Exchange Club and attach weight to its endorsement.

On this page we are printing a copy of the resolutions as adopted in Toledo and suggest that civilian doctors in other communities bring the matter to the attention of their local civic organizations in like manner. If resolutions are adopted, see that they are immediately forwarded to the two senators at Washington and to the representative from your district.

On November 24, *The Journal A. M. A.* (page 1788) presented an impressive argument on behalf of increased rank for medical officers. It cites the medical experience of our allies and our enemies in the present war—points out that in the British army 80% of the wounded have been

The following is the resolution prepared by Dr. Harpster and adopted by the Toledo Exchange Club. It might be adopted by your organization as it stands, or a similar resolution might be prepared covering the essential points. Congress is now in session. If the profession acts in concert we may be able to bring about early action.

"RESOLVED: That the Exchange Club of Toledo, Ohio, urge upon our Senators and Congressmen from Ohio, the necessity of their support of the bill that has been introduced in both the House and the Senate, at the coming session of Congress—not for the good of the Medical profession but for the good of the military service, the following:

"That the medical officers of the army shall have the same rank that prevails in the Medical Corps of the Navy.

"That there shall be at least, in 10,000 medical officers in active service, 25 major-generals, 25 brigadier generals, 400 colonels, 800 lieutenant colonels, 2350 majors, 3200 captains and 3200 first lieutenants.

"That medical officers must be equal in rank and authority with officers of the line, if they are to carry out adequately the duties for which they are held responsible, and to properly conserve the life and limb of our soldiers.

"This lack of authority has been emphasized by the experience of our allies in the present war, as well as by our own experience in the past.

"The grievous consequences and the disastrous experience of the British Army in the Mesopotamian campaign were due to the lack of authority of the medical officers, now happily corrected. The medical officers were practically ignored in regard to the actual conditions; they were threatened with arrest and court martial.

"During our Spanish American War the sad story is told in detail in the Dodge report, and testimony was found that line officers treated with contempt the recommendations and protests made by medical officers. The medical officer is without influence simply because his shoulder straps indicate lower rank than that of the important line officers, with whom he is associated. In the military service where one's rank predominates above every other consideration, in order for the medical officer to accomplish the greatest good for the greatest number, his rank and authority on medical matters must be the same as the line officers.

"That this shall apply to both the regular and the medical reserve corps."

returned to duty, and that the sickness factor which played so great a part in previous wars has been materially reduced.

The reason is, that on the Continent the importance of the part played by the medical officer has been realized, and he is given a rank commensurate with his brother officer in the line. As a result his medical and sanitative orders are respected.

The American Army has not progressed this far. Immediate action is necessary. Physicians who are in service, and who are best equipped to recognize this need, cannot promote the movement. Their hands are tied. The civilian doctor, by bringing to bear the weight of local influence upon Congress, may do this.

Nearly every doctor is connected with some civic body, fraternal, religious, business or otherwise. Please act immediately and help in a movement to improve the efficiency of the great fighting forces which we are sending and must continue to send to foreign battlefields.

A Penalty on Brains

There is no disposition in these war times on the part of any patriotic citizen to dodge just taxes. We all recognize the fact that a tremendous amount of excess revenue must be raised if our government is to successfully prosecute the war. But, this should not prevent us from protesting vigorously against unjust taxation which discriminates against a single class.

In the closing hours of the last regular session of Congress a "joker" was slipped into the War Tax Measure. Section 209 provides that in addition to the income taxes and surtaxes, there shall be an additional tax of eight per cent. in the case of professional men after an exemption of \$6,000. The result is a manifest injustice in that a physician who has no other income but that produced by his own earnest efforts pays this tax of eight per cent., in addition to the normal income and surtax, whereas the youth who has inherited from his father an amount of money that enables him to live in ease on the interest derived therefrom is not so taxed. Section 203 is a penalty on brains and hard work, and favors inherited wealth. Senators and representatives have acknowledged that it was slipped in without its effects being appreciated or without their knowledge, as a last minute addition after the final conference.

When Congress re-convened in December in special session, Executive Secretary Sheridan filed a formal protest against the unjust operation of Section 209 with Senators Pomerene and Harding and with each member of the Ohio delegation in the Lower House. Several have replied admitting the injustice of the section and promising their efforts to secure its repeal.

Probably the number of Ohio doctors affected by this provision is not large, but the principle is wrong, and if the discrimination is not promptly eliminated doctors generally should file their protests with their Congressmen.

If the profession in your county is working under a fee bill adopted twenty years ago, they deserve no sympathy. The cost of practicing medicine has increased tremendously since the war began. The public recognizes this. Unless you take advantage of the present situation to secure adequate remuneration for your services, you will be underpaid for many years to come.

Take this tip: Secure a copy of the revised medical fee bill issued by the Industrial Commission as a guide for Workmen's Compensation cases. Read it, and submit your bills accordingly. It will save you time—and breath.

If you haven't paid your 1918 State Association dues, and let the matter drag another month, preserve this copy of *The Journal*. It will be your last.

Too Much of a Good Thing,

There is no earthly use in working a free horse to death. Physicians, more than any other class of men, contribute of their time and professional attainments without remuneration. A certain amount of this is rightfully regarded as a professional obligation, but particularly in recent years there has been an increasing tendency to take advantage of this willingness on the part of the doctor.

Recently in Cincinnati, during the investigation of Longview Hospital, the county judge subpoenaed 50 prominent physicians and directed them to physically examine the 1,600 patients under care at the institution. This, of course, required considerable time, which was taken from their practice, with consequent financial loss. When, a few days later, many of these doctors presented claims for fees for this service rendered the county, the officials who ordered the examinations professed to be amazed. The report in the newspapers scored the doctors for making the charge, holding that it was a "civic obligation."

Dr. John H. Landis, health officer, in the weekly bulletin issued by his department, answers this charge. Dr. Landis is not addicted to useless verbiage, as will be seen by his editorial of December 6. We quote:

"The latest controversy in the Longview Hospital investigation is receiving considerable discussion.

"The point at issue is whether or not physicians should be paid for services rendered in that investigation. In arriving at a fair conclusion on this point, the circumstances attending the service should receive consideration.

"In the case at issue, a crime had been committed and the suspicion created that other lesser crimes might be revealed by a physical examination of other inmates of Longview Hospital. A call for volunteers was not made. On the other hand, regular subpoenas were issued and a large number of busy physicians were taken from their work and ordered to perform certain professional services for the court. There is no evidence that these men were informed that this service must be without remuneration.

"The money involved is unimportant; the principle involved is of vital interest.

"It may be assumed that all others interested in the case have received compensation. *If the attorneys, presiding judge, grand jurors, court bailiffs, prosecuting attorney, and witnesses have spurned financial reward for doing their duty, the fact has not been made a matter of record.*

"If the laws confer authority on any man or set of men to commandeer the services without due compensation, they are, in the humble opinion of a layman, unconstitutional and should be repealed. Giving this authority to any man

SEE THAT YOUR SOCIETY DOES NOT OVER-LOOK THIS PATRIOTIC AND IMPORTANT DUTY

We are delighted to report that practically all county societies have arranged to pay, from the treasury or by special assessment, the State Association dues for 1918 of those members who have entered active military service.

To those societies which have not already acted in this matter, we desire to call attention to the following resolution which was adopted, unanimously and enthusiastically, by the House of delegates at the Springfield session last May:

"Whereas, in a spirit of loyalty to our country, and through motives of the greatest patriotism, some of our members have and will sacrifice their home and professional affiliation for service in the Army and Navy; be it

"Resolved, That the House of Delegates of the Ohio State Medical Association do hereby seventy-second annual meeting here assembled do hereby extend to these members expression of our appreciation for the magnificent sacrifice they are making, and be it further

"Resolved, That the House of Delegates of the Ohio State Medical Association do hereby recommend and urge the component county societies to take measures to provide for the continued membership of these members in the Ohio State Medical Association during their terms of service; and be it further

"Resolved, That component societies that have already taken this step by paying from their treasury the due of the loyal members be commended."

would wipe out the results obtained on the long march from Bull Run to Appomatox.

"In every great emergency, the medical profession gives its time and service without thought of reward, very frequently at great personal risk. It does this voluntarily. It does not wait to be subpoenaed. Is it asking too much when it expects compensation for service rendered in obedience to the order of a court?"

Well, Did You? Or Didn't You?

When this issue of *The Journal* went to press the headquarters of the Association was head over heels in work. We were receiving and crediting state association dues pouring in from the secretary-treasurers of the 87 county societies.

If you have not yet paid your dues we suggest that you at once get in touch with the secretary of your county society, as your membership in the State Association automatically lapsed at midnight on December 31. Until your dues are paid and the money is received at this office, you are without the medical defense protection offered by the Association, and if the same are not received by us this month, this will be your last issue of *The Journal*.

The great bulk of members answered our plea for early payment of dues, and practically every society in the state remitted from its treasury for the dues of members who are now in military service.

Ohio in the Forefront

The usefulness of Ohio statistics concerning births collected under the direction of the Secretary of State has been immeasurably increased. Ohio has been admitted to the Federal registration area. Agents of the Census Bureau who spent several weeks in this state conducting a very thorough test to ascertain the percentage of birth reports found that Ohio now secures more than 90 per cent. of such reports, and is consequently eligible to the registration area. In previous tests Ohio has always fallen slightly below this minimum.

The registration area, which was established in 1915, originally included ten states, inasmuch as New York, Pennsylvania and Massachusetts were eligible this small territorial area represented 31 per cent of our population. Since 1910, Maryland, Virginia and Kentucky—and now Ohio—have been added to the list. Tests are being made in New Jersey, North Carolina, Utah and Wisconsin.

The outcome of the latest test may be attributed largely to the activity of Dr. John E. Monger, State Registrar of Vital Statistics. From the day he assumed office, he has worked steadily to impress upon physicians the urgent desirability of their co-operation. His campaign bore fruit in a very decided increase in birth reporting, and indicates that with few exceptions Ohio physicians are doing their duty.

Original Articles

The Physician In War: His Utilization and Conservation*

D. S. Gardner, M. D., Massillon, Ohio

THE somewhat precipitate entrance of our country into this World War finds the medical profession unprepared, not only to meet the immediate problems confronting it, but also the future demands which must follow. We have been pursuing the even tenor of our way for years. We have been at peace with all the world. As a profession, we have lacked the preparation so necessary to efficient organization in a great military struggle, such as has formed an intimate part of the lives of our less fortunate continental neighbors.

All beginning efforts in these matters are apt to be attended with disorder and the danger is that unless speedily corrected they will lead to some greater or less degree of permanent disability.

At the very outset the most superficial glance reveals the vital necessity of the physician to the problem of war. The role played by him is immediately evident. Every movement from the hour of the soldier's enlistment to the day of his discharge is a matter of thought, of concern or action upon the part of the physician charged with his care.

He ascertains the soldier's physical fitness for the service. He locates and prepares his camp; he safeguards his health through prophylactic and sanitary measures; he administers to him when sick; he is the first to receive him from the battle-field when wounded. Without him, no army could be formed, no campaign could be planned, no battle could be fought.

To meet these requirements of the service one physician must be allotted for each 100 men. This means 10,000 per million or 50,000 per five million. No allowance is made here for casualties or disability among the profession.

By virtue of his patriotism—through the self-sacrificing instincts of his calling, his desire to be a part in the great conflict—the physician has heeded the call and has cheerfully given up his private affairs, regardless of the sacrifice, and gone into service. It can be safely said the greater the man in his profession, the finer the type, the broader his vision, and the larger the sphere of his accomplishments, the readier has he entered the service and the readier will he continue to respond until the last one be taken.

It is said here with emphasis that as an individual in war the physician is entitled to no special consideration; but, endowed as he is with the technical knowledge of his profession, (that part

of him which is indispensable to the conduct of the war, and which requires years of the closest application) moving from the paths of his academic preparation into the fields of his medical training, with possibly years of accumulated clinical knowledge, he assumes a character, which makes of him an individual requiring years to replace and which, for the benefits to be derived in the present necessity, cannot be done.

If the military necessities of the day and of the time to come were all that could be pleaded, it might be hoped that his numbers would endure the drain upon them. But while we are giving of our profession to the soldiery of our country, and to the armies of our allies, we should not, if possible, disregard entirely the demands to be made upon it by the one hundred and ten million civilian population. This, then, argues a twofold duty. The one a military necessity, the other a civilian obligation. If both pleas are legitimate then a proper and just distribution of this medical asset between the two should be admitted.

If, then, without regulation, there is ultimate danger of exhausting so vital a resource to the subject of war should not some form of conservation be pleaded?

It is to this end that I urge selective conscription for the medical profession.

* * *

I do not urge conscription as a means of supplying the military service with sufficient medical men to care for its needs, but as a just and equitable method of securing a proper distribution of this service between the war-time needs of the present and future and the civilian requirements and educational demands of the future. It is not for a moment contended but that the military necessities have priority—if necessary to the last medical man of the country—but it is hoped that the subject can be systematized so that all the interests may have just representation.

Selective conscription will accomplish this.

Available information is not of a character upon which accurate statistics can be based, but for the purpose of a general analysis we may accept the declaration that the war requirements of medical men are one per 100 men, and that there is immediate need for the Medical Corps of the Army of 24,000 physicians and 120,000 enlisted men. It is further held that there are in the United States 90,000 of military age, 22 to 55 years. It is not at all held that 24,000 will be sufficient. In fact, other sources of information indicate that fully 40,000 will be required if the war be of two years' duration, or if the army

*This paper presented at the meeting of the Sixth Councilor District Medical Society in Cleveland, at the quarterly session on October 15, 1917.

should expand to two million men. Editorially *The Journal of the American Medical Association* has recently said: "There are in the United States approximately 145,000 physicians, consequently less than one in seven is needed for full preparedness. Is it possible that there shall finally be difficulty in obtaining voluntarily the medical men needed? We cannot believe so. It is inconceivable that conscription of physicians will ever be necessary. But if we are to get the 20,000 on the volunteer system there must be more eagerness for service on the part of the profession than has thus far been shown."

This, at the moment, seems to about represent the situation.

Now what seem to be the facts? Conceding that there are 145,000 physicians in the United States, this census means the total of all ranks, ages and other conditions. It by no means represents what we are led to believe, that all are able-bodied, or capable of rendering some degree of service. The facts are that the age of physicians is greater than that of any other profession. There are no men in its ranks of 22 years, and it is a safe prediction that the average age is above 40 years.

Admitting that there is no difficulty now in securing sufficient medical men for the service or that there will be none in the future, it should also be conceded that the physical and professional exactions imposed upon applicants for medical service are such as to take out of the profession the practically perfect men only. May not this, then, exhaust the supply of effective men? It is this condition that warrants the plea that a halt should be called upon voluntary enlistments of the medical profession, in order that the greatest good may be accomplished for the military arm of the nation, for the civilian population and the educational needs of the moment.

To further argue the contention, attention is invited to the fact that with the first call to the colors practically every physician in the United States, whose name is linked with the present day history of American medicine, responded. The leaders of thought and action have enlisted and are gone. Viewed from purely a material standpoint it can probably be said that they could best afford to go—that, having occupied a favored position in the profession, they have accumulated a competence, and their sacrifices are little as compared with those who have been less fortunate or who have had fewer years in which to accumulate. But in the great majority of instances this situation has had the effect of placing the 100 medical institutions in a position where not a single one can be opened with anything but a fraction of its original teaching force. Surely we can afford to profit through the disaster to the profession in England and France.

It has been said that the average age of the

medical profession is greater than that of any other profession. Again, upon no other class of men are duties more exacting. In none, probably, is the average of health lower. During the period of this war we cannot hope to replace medical men at a greater rate than 4000 per year, which is barely enough to take care of the civilian population. This rate cannot be maintained under present teaching and conscription conditions.

If we can agree that these emergencies confront the medical profession and knowing the desire of its members to meet every demand made upon it, whether as in the past, by an exacting public, or the present desire first to serve his country with his energies or his life, the plea is entered that the situation should be controlled by necessary authority so that these demands may be met in a systematic and orderly manner, else the war may be lost through the needless sacrifice of this most valuable asset.

It is contended that no legislation could be enacted that would make selective conscription of the profession possible. Now we are discussing this only as it affects the volunteer physician in his relation to the present volunteer army and in no wise applies to the regular army.

There was vested in the President, by the terms of an Act of Congress dated May 18, 1917, authority to increase, temporarily, the military establishment of the United States. A study of this Act would, I believe, convince us that it would be possible to readily amend it by Congress, so as to provide the necessary legislation for the selective conscription of the medical profession. This act could provide as follows:

1. *Registration*—That each person entitled to practice medicine under the laws of the several states, territories and the District of Columbia, shall, upon a certain date, register at some point within the jurisdiction provided for the purpose. The data provided in the physician's registration card should, among other matter, contain the following: Name, age, academic degrees, college of graduation, with date; location, with years of practice at each point; admitted state of his health; detailed financial condition, as per a definite schedule; dependence, number of children; nature of practice, if of special character; years of training, with post graduate teaching; hospital connections; experience, if any, in a military capacity, or in the handling of men.

2. *Administration*—(A) The President would be authorized to create and establish a *General Medical Board*, for the purpose of administering the act providing for the selective conscription of the medical profession. This board could be composed of the Surgeon General of the Army, the Surgeon General of the Navy, the Surgeon General of the Public Health Service, the president and president-elect of the American Medical Association, the president of The American College of Surgeons, and the president of the American

Public Health Association. Those not already provided for, should be given suitable rank and pay.

(B) Upon recommendation from the governor, the President could appoint for each state and territory a State Board which would have general jurisdiction in the administration of the selective conscription of physicians. These boards could be composed of the Surgeon General of the State, the president of the State Medical Association, with an additional member or more recommended to the governor through the organized medical interests of the state. They would also have suitable rank and pay.

(C) In like manner there could be appointed for each councilor district of the states and territories a board of three resident members of the councilor district, which board would be the initial unit having in charge the operation of the service in like manner with the local boards of the general conscription service. This board could be appointed through the representations of medical interests and have proportionate rank and pay with other boards.

3. *General Duties*—Rules and regulations, not inconsistent with the Act creating the boards, could be made for the conduct of their business. The General Medical Board would receive from the Army, Navy, and Public Health Departments the assignment of quotas and the allotment of credits, and pro-rate them among the several states and territories. It would have general jurisdiction and be the final source of appeal in all matters relating to the administration of the Act. State boards would receive from the General Medical Board their quota requirements, pro-rate them among the councilor districts, act as an appeal board, and do such things as would expedite the handling of the work within their jurisdiction. The Councilor District Medical Board should have original jurisdiction in its territory of all physicians who registered, or who should thereafter register. Councilor boards would provide the means of and have entire charge of the matter of registering physicians in their district, and have exclusive jurisdiction in their respective areas over all questions to be heard and determined therein under the terms of the Act of Congress and the rules and regulations provided by the President.

GENERAL PROVISIONS

The general provisions and operations of the Act would be about as follows:—It would begin with the registration of the physicians of each councilor district, which registration would be under the immediate direction and supervision of the councilor district board. Suitable penalties would be provided for a failure to register. The registration cards would remain permanently in charge of the district. This, when complete, would constitute the roster of the profession for military purposes. Speedily thereafter each physician registered would be submitted to a physical

examination. The results of these examinations when tabulated would be to place him in one of four groups as follows:

1. Approximating 100% physical efficiency.
2. Approximating 75% physical efficiency.
3. Approximating 50% physical efficiency.
4. Approximating 25% physical efficiency.

The second effort would be to ascertain as nearly as possible, the physician's professional qualifications and the nature of his special training, his social and business status, together with the degree of his dependence, and finally his relation to the needs of the community.

With this information at hand it would be possible to assign each member of the profession to one of four classes: A, B, C and D, for service as follows:

1. Active service with the forces at home or abroad. Classes A and B.
2. Active or passive military service in this country. Classes B and C.
3. Active service at home in the care of the civilian population and the educational needs of the medical universities. Classes A, B and C.
4. Passive service of medical men at home. Class D.

It has been made clear that every effort would be brought about to classify the physician: First, as to his physical fitness; second, as to his general and special professional qualifications; and, third, his degree of dependence and the need, if any, of the civilian population in the territory of his practice. If so, it should be easy to see that his services could be intelligently applied as follows:

The General Medical Board would receive from the War Department, as occasions require, the quotas of the medical needs of the volunteer service which could be divided into the following groups:

- A. For general medical service.
- B. For general surgical service.
- C. For special forms of service:
 - Orthopedic
 - Nervous diseases and psichatry
 - Eye, ear, nose and throat
 - Laboratory
 - Pathology
 - Sanitation
- D. For hospital construction and equipment.
- E. For base or other hospital superintendence.
- F. For teaching in Army and Navy schools, hospitals and cantonments.

The general quotas would be pro-rated to the various state and territorial boards, and in turn by them to the councilor district boards in such numbers and division of service as would secure the filling of the quotas with expedition.

To further extend the detail of this analysis the Act could provide that all matters relating to medical service in the volunteer army should be in the hands of and pass through the General

Medical Board having in charge selective medical conscription.

There should be a readjustment of the present Medical Officers' Reserve Corps. Enlistments and withdrawals should be made therefrom so that adequate provision could be had for:

1. The re-organization of the teaching requirements of medical colleges.

2. Reasonable precautions taken to safeguard in some degree the necessary needs of the civilian population.

Attention again is directed to the fact that there are about 100 medical universities in the United States, graduating annually 4000 students, none of which can open its doors with more than a fraction of its teaching force.

If the military demands are to be such as to cause a severe drain upon the number of medical men taken, early provision should be made for the care of the civilian population. To do this it is submitted that the following rules must obtain:

Establish in towns of sufficient size, public dispensaries in charge of Class C and D physicians. Provision should be made to urge as many as possible of the sick population to apply there for medical attention. Active cases should be hospitalized so far as possible, and there should be a general discouragement of extemporaneous "doctoring. The rules for these medical services should be outlined and the policy dictated by the governor of each state, through the State Medical Conscription Boards.

There is no effort made to burden the present outline with statistical data in support of the contention that selective conscription of our profession is necessary to conserve its resources, but, the following may be looked upon as quite accurately representing gross totals: There are in the United States approximately 140,000 physicians. The population is 110,000,000. The average age of the profession is above 40 years. The approximate number of active men are 100,000.

Approximate for Class "A".....	40,000
Approximate for Class "B".....	20,000
Approximate for Class "C".....	20,000
Approximate for Class "D".....	20,000
	<hr/>
	100,000

Approximate number required for military service, 50,000.

These would be divided as follows:

Class "A"	30,000
Classes "B," "C," and "D".....	20,000
	<hr/>
	50,000

For the needs of the civilian population, 50,000 divided about equally among the classes A, B, C, D, or one physician to approximately 2500 of population.

These thoughts are submitted for your earnest consideration. The hope is expressed that your

conclusions will not be hastily drawn. If the subject is not vital to the interests, first, of our country, then to our people, and finally to ourselves, it is of no value. If, upon the other hand, you feel as I do, then the matter should become one of common effort, to the end that we may secure a proper distribution of this great asset.

History is in the making. In this gigantic task we must win, but there is no prophetic vision. There must be a common conservation of every resource, and if this be true, is there one more vitally related to the subject than that of our profession or is there another in which numbers are more limited?

By inviting attention to this situation it should not be charged that our profession is seeking to evade its duty. Upon the contrary it will cheerfully lay down its very last life to serve its country in this emergency.

Salvarsan, etc.—Besides the German salvarsan and neosalvarsan, now practically unobtainable, the Council on Pharmacy and Chemistry has recognized diarsenol, neodiarsenol and arsenobenzol (Dermatologic Research Laboratories). It has under consideration salvarsan made by the Farbwerke-Hoechst Company, New York. Before accepting these preparations, the Council requires evidence to show that the products are manufactured under supervision which may be expected to insure their chemical identity and uniformity, and freedom from toxicity. However, in the past, untoward effects have been reported from German salvarsan and neosalvarsan, particularly with the last shipments of neosalvarsan. Recently untoward effects have been reported from neodiarsenol. It is expected that within a short time all salvarsan, neosalvarsan and the various products identical with these will be tested by the government. (Jour. A. M. A., Nov. 2, 1917, p. 1819.)

The Carrel-Dakin Wound Treatment.—Arthur Dean Bevan holds that the value of the Carrel-Dakin method of treating infected wounds has not been established. He has been forced to the conclusion that Carrel's work does not meet the requirements of scientific research. Bevan believes that the choice of antiseptics in the treatment of infected wounds is of little moment, and that the use of the Carrel-Dakin fluid, like Poch's lymph, Bier's hyperemia and the vaccine therapy of acute infections, will have a short period of popularity. (Jour. A. M. A., Nov. 17, p. 1727.)

BETAINES HYDROCHLORIDE.—It contains 23.8 per cent. absolute hydrochloric acid and 8 grains corresponds to about 18 minims of diluted hydrochloric acid. In solution betaine hydrochlorid dissociates into hydrochloric acid, but it is not so efficient in aiding the action of pepsin as an equivalent amount of hydrochloric acid. (Jour. A. M. A., Mar. 24, 1917, p. 931.)

Urinary Calculi*

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URINARY concretions are abnormal precipitations of urine salts which vary in size from microscopic crystals to enormous stones weighing more than a pound. They have been found in the parenchyma of the kidney. This seldom occurs. Post-mortem examinations of infants occasionally disclose large quantities of calcareous material deposited between the tubules. This is dissolved by those who survive, otherwise more intertubular deposits would be found in adults. A large percentage of urinary calculi are formed in the pelvis of the ureter, and either pass into the ureter or remaining in the pelvis gradually become larger. Most of those that enter the ureter pass into the bladder and are carried away with the urethral urine stream. Some remain in the bladder and take on additional concretions, soon becoming too large to pass through the urethra. These may attain enormous size.

Some patients have almost continuously, in the urine, microscopic or even macroscopic precipitates of urine salts. Others will pass at intervals rather large quantities of "sand," and still others have periodical attacks during which they will expel from one to forty or fifty small "gravel." An individual may have a single small stone form in the pelvis of the ureter, pass through the ureter into the bladder and from the bladder through the urethra. This person may never develop another renal calculus. Bilateral renal calculi are found occasionally.

Etiology—Urinary calculi may develop at any age. Renal calculi are most frequent in early adult life. Vesical stones are found in patients of all ages, but more frequently in patients past middle life.

Sex—Women are the victims of renal calculi almost as frequently as men, but they seldom develop vesical calculi. The almost entire absence of vesical calculi in the female is no doubt due to the mechanical arrangements of the urethra. In the male there is often the predisposing condition of obstruction caused by prostatic obstruction or by urethral stricture resulting from a previous experience of "misplaced confidence."

Locality—There are no special districts in America where urinary calculi are particularly prevalent, yet a few individuals in every community can be found who have had some variety of urinary calculi. Inhabitants of Scandinavian countries are almost entirely free from this malady. Certain districts of England, Western France, some parts of Germany, the vicinity of

Moscow, lower Egypt, upper India, and portions of China are known as "stone districts," because of the large number of natives who have urinary calculi. In Canton, China, there is a special hospital for the treatment of stone.

In the "stone districts" all varieties of calculi are found, with perhaps a predominance of some varieties in certain districts. In India, oxalates and urates, and in Asia Minor, calcium and magnesium predominate. The same patient may present more than one variety, as in a patient operated on by Professor Israel in Berlin. One kidney contained a phosphate, and the other a xanthin stone.

This fact suggests that the cause of the pathological abnormality which produces precipitation is in the kidney, as both kidneys in this instance had brought to them the same kind of blood, yet on one side xanthin was precipitated, while on the other an entirely different chemical product, phosphates, were thrown down.

Infection is a factor of some importance. In districts where there is a great deal of intestinal trouble, due to colon bacillus, there are many cases of colon bacillus pyelitis, which are followed by calculi. That infected bladders are prone to develop calculi is a well-known fact. It is not reasonable to suppose that such a large variety of urine precipitates as we find, can be produced by an identical cause. There must be many causes. Locomotor ataxia must be borne in mind as a predisposing cause. Among foreign bodies found in the bladder are pipe stems, hair pins, lead pencils, chewing gum, crochet-needles and fragments of catheters, which take on calcareous deposits.

Obstructions that interfere with the complete emptying of the bladder predispose to stone formation. The most frequent obstructions are prostatic enlargements and stricture of the urethra. Stones form very rapidly in the bladder. A catheter left in for continuous drainage may become heavily coated in three or four days. Calculi develop very rapidly within a few months in some patients after prostatectomy. The deposit may be in the prostatic pouch or space left after removal of the prostate, in the bladder proper, or in both.

Dr. Walter G. Smith, in a paper before the Medical Section of the Royal Academy of Medicine of Ireland, April 23, 1915, presented a very scholarly and scientific discussion of the genesis of urinary calculi. Time does not allow reference to his arguments, but I wish to quote his conclusions, which are:

1. Urinary calculi are varying mixtures of crystalloids and colloids.
2. The chief factors involved in their forma-

*Read before the Section on Dermatology, Proctology and Genito-Urinary Surgery, Ohio State Medical Association, in annual session at Springfield, Ohio, May 15, 1917.

tion are: (a) altered or perverted metabolism; (b) defective oxidation; (c) alterations in the reaction of the urine.

3. Calcium oxalate calculi are more frequent than is often stated.

4. The relation between colloids and crystalloids, i. e., physico-chemical factors, are of prime importance in the etiology of urinary concretions.

5. The known geographical distribution of urinary calculi throughout the world lends little support to alleged geological or telluric causes.

6. Bacterial infection is, probably, a potent factor, and operates both in the kidney and the bladder, and may occur either as a primary or a secondary factor.

In support of Smith's conclusions, Shattuck¹ has shown microscopically that the nucleus of a urinary calculus consists of a mixture of colloids and crystalloids. The colloid may be blood clot, mucus, epithelia, clump of bacteria, etc.

It is interesting to note that Schade² has succeeded, by laboratory experiments, in producing artificial calculi, from the mixtures of colloids and crystals.

Chemical Composition—Ultzman and others, as late as 1905-1908, announced that from their examinations of large numbers of urinary calculi, they found the urates predominating.

Seldom is there a pure stone of any one mineral salt. Murexid test for uric acid shows at least traces in practically every stone. The faulty conclusions as to the chemical composition of urinary calculi were due to the inexact methods of examination. Too much dependence was placed on the physical characteristics. A very hard stone was thought to be calcium oxalate, chemical test made for that particular salt, and if found to be present, it was taken for granted that the stone was a calcium oxalate. More recent and exact methods of analysis have demonstrated that no definite conclusions, as to the chemical composition of a calculus, can be drawn from its color, size, shape or consistency. A very soft, dark stone may be almost pure calcium oxalate, while a very hard, irregular stone, nearly white, may be almost entirely uric acid.

As far as I have been able to determine, Rowlands³, was the first to make complete reliable analyses of renal calculi. His methods, as used by Kahn, are as follows:

(a) *Physical Examination*—The size, shape, color and consistency of the stones were noted. The method used to determine the hardness or softness of the stone was by simple crushing, noticing the force exerted in breaking up the stone.

(b) *Chemical Composition*—The stone, after being finely pulverized, was carefully weighed in a drying flask (whose weight was previously found) and then dried in an oven for about two hours at a temperature of 100° to 105° C., and

again weighed, the loss in weight being taken as moisture.

Quantitative Determination of Uric Acid—A quantity varying according to the amount of the stone available, was taken and accurately weighed. This was then placed in a porcelain dish, treated with hydrochloric acid (1) and heated on a steam bath until as much as possible has been dissolved.

It was then filtered through a weighed Gooch filter, the residue well washed, and then dried at 100° C. for from one to two hours until the weight was constant; this weight was recorded. The residue in the Gooch, asbestos and all, was next treated with strong sulphuric acid. The acid was then diluted and titrated with n/20 potassium permanganate solution, 1 c. c. of which is equal to 0.0075 gm. of uric acid. A control was always performed with the sulphuric acid and water in order to get an accurate result, the amount of permanganate taken by the control being deducted from the result of the former titration.

Quantitative Determination of Calcium Oxalate—The filtrate obtained after digesting the stone with hydrochloric acid was next mixed with the washings of the residue, and ammonium chlorid and ammonium hydroxid added in excess. The precipitate obtained was filtered and thoroughly washed until free from chloride (the washing being tested with silver nitrate). The filtrate and the washings were boiled and ammonium oxalate added until precipitation was complete. The precipitate was allowed to stand 24 hours until it had completely settled. The liquid was filtered off, and the precipitate washed by decantation, until free from chlorids, which would otherwise interfere with the permanganate titration. The precipitate was washed from the filtered paper into a beaker, first by means of hot water and then with 10 per cent. sulphuric acid, and finally all the acid was washed into the flask by means of hot water. The whole was then mixed, cooled and made up to 1,000 c. c. Of this 50 c. c. were pipetted off and titrated, at a temperature of 65° C, with n/20 potassium permanganate solution, 1 c. c. of which is equivalent to 0.0019 gm. of calcium, or 0.00608 gm. of calcium oxalate.

Quantitative Estimation of Total Nitrogen—Another portion of the stone was then weighed out, and placed in a Kjeldahl flask, and the total nitrogen determined by the Kjeldahl process.

Quantitative Estimation of Phosphates—Phosphates were estimated as phosphorous pentoxid by the following method: A portion of the powdered stone having been weighed, was put into a Kjeldahl flask and 20 c. c. of a mixture of equal parts of concentrated sulphuric acid and concentrated nitric acid were added. The Kjeldahl flask and contents were then heated until colorless. This usually took 35 minutes. Five drops of fuming nitric acid were then added and it was

again heated until colorless. The contents of the Kjeldahl flask were cooled and then diluted with water. It was then neutralized with ammonium hydroxid and then reacidified with concentrated nitric acid. The mixture was then put into a beaker and to this were added 50 c. c. of a 60 per cent. solution of ammonium nitrate, and 25 c. c. of a 10 per cent. solution of ammonium molybdate. This was allowed to stand 12 to 24 hours at 60° C., and was then filtered. The precipitate was dissolved in ammonium hydroxid and 10 c. c. of concentrated hydrochloric acid were added. To this were added 25 c. c. of magnesia mixture. After standing 15 minutes an excess of ammonium hydroxid was poured in and the mixture allowed to stand for 24 hours. The precipitate was filtered on a weighed Gooch filter, burned and from the weight of pyro-phosphate of magnesium, the weight of phosphorus pentoxid was estimated.

Diagnosis of Renal Calculus—Renal calculus is suspected when a patient presents the classical symptoms of pain and hematuria, both being aggravated by physical exercise. Some patients with renal calculi present neither of these symptoms. Others have the symptoms and have no stone. Still others with stone suffer from symptoms that attract attention to other structures, such as appendix, gall-bladder or pelvic organs. Again, the symptoms may be located in one side, while the pathology is in the opposite kidney. Radiography is of incalculable value in making diagnosis of urinary calculi. Stones are found by the X-Ray when not suspected, and not found sometimes when suspected. From the radiograms we learn the size, shape, location, and sometimes, the number of calculi present.

The following case illustrates how the symptoms may be remote from seat of trouble. A lady, 40 years of age, married and mother of a daughter, 14 years of age, complained of marked pain in lower left abdomen for several months. At times, this was so severe that hypodermic injections of morphine were necessary. Professional advice she had received varied from curettement to hysterectomy. I was asked by her family physician, Dr. Pierret, to see her and explain the presence of pus in the urine, if possible. Pelvic examination revealed a large, soft, somewhat tender uterus, with very great tenderness in left side of pelvis. Pregnancy was suspected as cause of uterine enlargement. Cystoscopic examination located the pus coming from the left kidney and radiogram by Dr. Lange showed renal calculi in the same kidney.

Further questioning of patient brought forth the information that she had had more or less pain in the left side for a great many years. Operation was advised. Extraperitoneal incision over left kidney exposed a large hydronephrotic sac containing four small calculi. There was practically no active renal tissue remaining in the sac wall. Before she left the hospital, diagnosis of pregnancy was positive. She was de-

livered by her family physician five months later, of a normal full-term child. The operation did not affect her pregnancy.

Every X-Ray examination for urinary calculi should include both kidneys, both ureters, the bladder and the prostatic urethra.

Prognosis—All renal calculi that are too large to pass the ureter will gradually, usually slowly, become larger until they cause distressing symptoms and damage to the kidney, either from hydronephrosis, infection, or both. The parenchyma may be entirely destroyed. If both kidneys are seat of calculi, anuria may develop at any time. Even unilateral calculus may cause anuria.

Treatment—A renal calculus is a pathological entity gradually increasing in size, and sometimes number, which is a positive detriment to the kidney in which it is located and tending to damage and destroy the kidney. Therefore, the logical thing to do is to remove the calculus as early as possible. Since they cannot be dissolved by internal medication, their treatment is surgical.

If the calculi are not too large they are best removed directly from the pelvis, pyelotomy. The kidney is not damaged by this operation, and there is less shock to the patient. The pelvis of the ureter is exposed and incised posteriorly over the stone.

The stone or stones are removed, the patency of the ureter determined, the kidney replaced in its normal position, drainage tube introduced and incision closed. It is not necessary to close the incision in the ureter with sutures. There is seldom leakage of urine, and if any, only for a few days. The older and more generally adopted operation is nephrotomy. The kidney is brought up and incised along the external border into the pelvic of the ureter. The incision should be only long enough to allow removal of the stone, which should be done with extreme care and gentleness, avoiding as much traumatism as possible. If there is much infection, and particularly if there is present many small calculi or sand, it is best to flush the pelvis of the kidney with large quantities of water, introduce a good sized drainage tube through the kidney into the pelvis, suturing the kidney snugly about the tube. This, I learned from Professor Israel while attending his clinic in Berlin, and can vouch for its efficacy from experience. When there are many or even a single stone and the kidney is *badly damaged*, nephrectomy is indicated, never forgetting to determine the presence and activity of the other kidney beforehand. In cases of bilateral renal calculi, operate on what seems to be the worst side first and leave the kidney if at all possible, as such a patient will need all the renal tissue that can be saved for him.

Recurrence of Stone in Pelvis of Kidney—Where nephrectomy has been performed for stone there is development of stone in other kidney in about 10 per cent. of cases. This seems to justify the conclusion that there is something

in the kidney itself that causes a precipitation of the mineral salts.

Recurrence is almost as frequent after pyelotomy as nephrectomy. Cabot found the percentage of recurrences after pyelotomy 51 per cent. and 56 per cent. after nephrotomy. He further observed that the length of time the stone had been in the kidney had nothing to do with recurrence, as there were proportionately as many recurrences in patients who had harbored a renal calculus for a year as after many years. Liability to recurrence is much greater in patients under 35 than over 40 years of age. Cabot concluded, after having studied 155 cases in the Massachusetts General Hospital, that the risk from operation is small; the danger of kidney destruction, when stone is left, is great; the probability of recurrence is considerable; that something depends upon the age of patient; and much on the skill of the operator; but still more on an unknown factor, the liability or ability of that kidney to form concretions.

Ureteral Calculi—Ureteral calculi are practically all stones that have been formed in the renal pelvis and have been arrested "en route" from the pelvis to the bladder. There are three narrow places in the ureter which favor lodgement of the calculus. One, where the funnel-shaped pelvis joins the ureter proper; another at the bend of the ureter over the pelvic brim, and the third at the vesical neck. Many more calculi are located at the first and third than at the second. Stones engaged in the upper ureter cause about the same symptoms as stone in renal pelvis; pain aggravated by exercise, hematuria, possibly anuria. As the stone travels down the ureter the pain is intense, often referred to the external genitalia, of the same side, and there may be blood in the urine. Patients who have had one or more experiences in passing an ureteral calculus are able to follow the stone by location of pain, first in the lumbar region, then groin, and later external genitalia.

A calculus lodged in that portion of the ureter that is in the vesical wall may be attended by frequent urination, pain on defecation, or painful ejaculation. These symptoms also suggest seminal vesiculitis. However, the character or location of the symptoms do not give any definite idea as to either the location or size of the calculus. A small, rough stone will probably cause much more disturbance than a larger smooth stone.

Complete anuria is sometimes produced by a unilateral ureteral calculus. Illustrating this point is the case of P. C., aged 40 years, who, two years ago, began to have pains suggesting ureteral calculus. After 48 hours of severe suffering there was almost complete anuria. X-Ray showed a small calculus, high in the ureter. Patient had frequent chills, followed by high temperature. Hypodermic injections were necessary to give him some relief from the severe pains. This expectant treatment or "wait-

ing policy" was followed for one week when the stone dropped into the bladder and for two days there was a marked polyuria. Patient has had no trouble since.

Before the development of the X-Ray and catheterizing cystoscope diagnosis of ureteral calculus was only problematic. Early experiences with the X-Ray were not altogether satisfactory. With the more nearly perfected radiographic apparatus in the hands of more skilled operators more stones were found in the ureter. Geraghty, in tabulating 67 cases of ureteral calculi in patients at Johns Hopkins Hospital, states that 15 (22.4 per cent.) were not found by repeated radiographic examination. Seven of these were passed, six located with wax-tipped catheter, and two found on exploration.

One of these stones was composed largely of calcium phosphate and carbonate, and another calcium phosphate and oxalate; uric acid was not found in either. This seems to disprove the former opinion that only uric acid stones escapes the X-Ray.

On many X-Ray plates of the pelvis are found shadows suggesting stones. To determine whether or not the shadow is that of a ureteral stone an X-Ray ureteral catheter is introduced into the ureter and another radiogram made. If the shadow, supposed to be a stone, is not in contact with the shadow of the ureteral catheter it is not an ureteral stone. If it is in contact with the catheter shadow it indicates an ureteral calculus. At the same time it must be borne in mind that the shadow may be that of a calcified gland in the same place as the catheter shadow. Another radiogram made from a different angle will determine this.

Cases presenting distinct symptoms of ureteral calculi, but showing no shadows on the X-Ray plate, should be examined with the wax tipped catheter. The tip of a sterilized small catheter is dipped in equal parts of melted beeswax and paraffine, and held in the air to cool. This wax-tipped catheter is introduced into the bladder through the urethra. It is passed retrograde through a cystoscope, which is then introduced into the bladder. Great care must be exercised so as not to scratch the wax with the cystoscope. The wax is examined through the cystoscope and if still free from scratches is passed up the ureter. If it comes in contact with a stone it will have on its waxed surface rather characteristic scratches. This fails only when a stone is resting in a sacculation of the ureter, which is an extremely rare condition.

A very large percentage of ureteral calculi pass spontaneously. Others can be dislodged by the ureteral catheter and encouraged to pass by the injection of warm alcohol, olive oil or glycerine into the ureter. Mere dilation of the ureteral orifice will suffice in some cases where the stone is intramural. Incision of the orifice thru the operating cystoscope or burning with a fulguration wire may release the stone and it will drop

into the bladder. Surgical removal of these calculi is not a simple procedure and should be resorted to only when all manipulative measures have failed and there are present symptoms that make removal imperative, such as complete obstruction of the lumen of the ureter or repeated attacks of colic. When surgical removal has been decided upon it is advisable to have an X-Ray examination made within an hour or so before the operation. The stone may have gone into the bladder since the last radiograph was made.

Vesical Calculi—Here, as in the renal pelvis, there may be one or many calculi. There usually is associated with a vesical calculus more or less infection of the bladder. In one patient with a large mulberry stone in the bladder the urine was perfectly clean and clear, no pus, flocculi or blood being present. A great many of the bladder stones are ammonium urate or phosphate, occasionally an oxalate.

The typical symptoms are vesical pain and discomfort, marked when the patient is active, painful urination, pus, blood and epithelia from the bladder.

Positive diagnosis is made by the metal sound, the cystoscope and the X-Ray. Shadows near the pubes suggest prostatic calculi, while the bladder calculi are usually higher. The recognition and treatment of vesical calculi is as old as medicine itself. Reference to this is made in the Hippocratic oath. The treatment is surgical. These calculi can be removed thru a perineal incision, suprapubic cystotomy, or by litholopaxy. The earlier surgeons operated almost entirely thru the perineal incision. Benjamin Dudley of Lexington, Kentucky, in the early part of the nineteenth century, operated on 225 patients thru the lateral perineal incision, before the days of antiseptics, asepsis or anesthesia, and had but three deaths. He was exceedingly rapid and dextrous.

A great many vesical calculi are removed today thru a suprapubic cystotomy. This is a simple operation, comparatively safe, and can be done under local anesthesia if necessary. Very large and very hard stones should be removed suprapubically. Occasionally we find a small stone with the cystoscope that can be washed out thru the Bigelow irrigator. Encysted calculi can be removed thru a mid-line perineal incision. A great many vesical calculi can and should be treated by litholopaxy. A few words about how best to do litholopaxy.

Litholopaxy—Preliminary treatment consists of rest in bed for two or three days, light diet and bowels regulated.

The patient is placed on a low table with a pillow under his head and a small cushion under the hips. This elevates the neck of the bladder and the stone gravitates to lowest part of the bladder and away from the neck.

The lower extremities should be slightly abducted and flexed. Protect the patient by wrapping blankets around the legs and thighs, also blankets over chest.

Small stones can be crushed after the posterior urethra has been anesthetized with cocain, novocain or apothesine. For the larger stones the patient must be given a general anesthetic. Pass sound to dilate the urethra, enlarging the meatus if necessary. Introduce three to five ounces of water. Too little water endangers bladder wall, while too much increases the difficulty of catching fragments in lithotrite. The fragments are removed with a Bigelow evacuator. Mucous membrane over eye of evacuator stops return of water, but fragments do not. When no more fragments can be felt, examine the bladder with the cystoscope. If no fragments remain the patient is put to bed and given 15 to 20 grains quinine bisulphate per rectum. Mr. Freyer has his patients drink freely of alkaline water, 1 qt. barley water, 1 dr. each liq. potass. and tincture of hyoscyamus.

Time required is from five minutes to one hour, depending upon size of stone. Litholopaxy can be performed on young children.

Difficulties encountered are a very large stone, encysted stone, urethral strictures, hypertrophy of prostate, stone impacted in prostatic urethra and a contracted bladder.

The more proficient one becomes in the use of the lithotrite the fewer will be the cases treated by cystotomy.

Litholopaxy has the advantage of conserving the bladder, the patient is confined to his home or hospital only a few days at most.

Recurrence is no more frequent than after cystotomy.

Urethral Calculi—Occasionally a calculus becomes lodged in the urethra anterior to the triangular ligaments. Seldom does it develop there primarily. It causes local pain and difficulty in urination. Recognition is easy when a metal instrument is introduced into the urethra. Most of them can be removed thru an endoscope, but if this is impossible, external urethrotomy becomes necessary.

Prophylactic Treatment—Specimens of calcareous material from the urinary tract, whether they pass with the urine stream or are removed surgically, should be carefully analyzed to determine the chemical composition. If they are found to be largely calcium salts, the patient is put on an acid treatment rather than alkaline, because the calcium is soluble in acids and insoluble in alkalies, and if the urates predominate give alkalies. It is not reasonable to suppose that enough acid or alkali can be given a patient to dissolve a stone already formed, but it may be given as a prophylactic measure. Since it is now known that nearly all renal calculi are rich in oxalate of lime, it would be more nearly correct to give all patients presenting renal calculi an acid treatment rather than alkaline, as has been the almost universal practice in the past.

¹Prof. Royal Soc. of Med., England, Vol. 14, 1911.

²Wuenchener medic. Wochenschrift, 1909-1911.

³Biochem. Jour. 1908-111-346.

Terminal Disinfection*

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A DISCUSSION of this subject must be preceded with a definition, inasmuch as there is apt to be a great diversity of opinion as to the meaning of the phrase. Broadly speaking, terminal disinfection should include, on the one hand, those processes which by means of chemical or physical action are specifically directed against the organisms which have been responsible for the illness of the patient; and, on the other hand, those processes which come under the head of general cleaning without special chemical actions. It is, of course, clear that the latter should not be neglected in any case.

If the first process noted, namely, specific disinfection, is to be practiced, there must be an adequate reason for its use. There are only two possible reasons which can justify it: In the first place, the psychical effect on the household, leading them to feel that the place is now safe for the rest of the family; and, in the second place, the proof, however obtained, that virulent germs of the disease remain in or upon the fomites after the patient has ceased to be dangerous. This being the most important of all reasons, it will be profitable to discuss it first and in some detail.

What proof can be adduced as to the continued presence of virulent organisms in the fomites?

(1) Laboratory evidence as to the life and viability of organisms of this special type under various conditions of heat and light and moisture such as may be considered comparable to those obtaining in the average sick room. It is clear of course that this is available only where the organism is known or where the disease can be produced by inoculation of infected material.

(2) The percentage of return cases which appear to have been infected from the original after the raising of quarantine.

With regard to this last item, there are many difficulties which are obvious. In the present inadequacy of morbidity statistics it is practically impossible to be certain that the so-called return cases have not been subjected to other possibilities of infection, and in addition to this the improvement in statistics gives some apparent increase under any conditions, since such cases are more carefully noted. Only where we have more or less accurate information covering a period of years before the giving up of disinfection in some specific disease, and years after this occurrence, can we have anything like accuracy in our statements. Fortunately there are

certain towns in which this information is accessible, and may be briefly summarized.

From 1902 to 1905, Dr. Chapin found in 1457 families, in which diphtheria occurred and in which fumigation was employed, 25 recurrences—1.71%—developed within 60 days after disinfection. From 1905 to 1911 in 3000 infected families without terminal fumigation, there were 54 recurrences, or 1.8 per cent.

Baltimore reports 6931 miscellaneous cases from 1903 to 1909, with 122 recurrences—1.76%—with disinfection.

Providence, without disinfection, reports from 1905 to 1911, 4180 cases, with 69 recurrences—1.64%. In scarlet fever with fumigation, 1904-09, 2429 families, with 37 recurrences—1.52%. From 1908-11 without fumigation, 1240 families, with 20 recurrences—1.61%.

Buffalo reports 3029 cases of scarlet fever with 117 recurrences—3.8%—with fumigation.

This shows that the variations in figures are well within the limits of error, since the accurate determination of recurrences is so difficult.

When there is no increase in return cases in a given disease and when the laboratory evidence of the disappearance of virulent organisms from the fomites is clear, terminal disinfection of the understood type is a waste of time, a waste of money, and an unnecessary annoyance of the household; whereas, on the other hand, if evidence shows that the fomites are infectious to such an extent as to be dangerous after the removal of the patient, some form of disinfection may be necessary.

Routine fumigation as now practiced—and it may be said that no marked improvement is likely to take place in this—is extremely unsatisfactory, and unless elaborate precautions are taken as to air currents, exposure of materials, adequate moisture and sufficient duration of time in which the gas may act, the results are not certain with any form of fumigant on the market. This would indicate that the psychical effect above mentioned might result, if virulent germs were still persisting, in a false sense of security, leading to a greater number of return cases than would occur if the family was more afraid of the infected area.

With regard to laboratory findings in greater detail, some discussion is necessary. There are two types of investigation of this kind which are essentially the same in principle, but differ somewhat in practice. In one form test substances, usually fabrics, are artificially infected either with cultures of the organisms or with infected material, and from these subcultures or

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animal inoculations or both are made at intervals until they cease to be positive. While conditions may be to a large extent similar in these experiments, it is rare that they can be made identical with the conditions in a house which is being cleaned to a greater or less extent at frequent intervals, and there is a tendency therefore to find the persistence of organisms for a longer period than would normally occur. Again, we know that a certain number of organisms is necessary to cause infection, and in many laboratory experiments the mere presence of viable organisms which can grow in suitable media under the most favorable conditions, within a limited time, is considered as evidence of the persistence of the organisms, and conclusions as to the danger of the infected fomites are drawn from this. In the other method, cultures are made from various parts of the sick room and after the departure of the patient. This method is preferable to the first, though more difficult in its carrying out. The same error as to the numerical presence of organisms is apt to occur, although investigations are on record in which the numerical findings and the pathogenicity of the organisms were followed up.

With this preliminary discussion one can pass on to the specific diseases or groups of diseases in which viable organisms are excreted during the course of illness. This would exclude such diseases as malaria and yellow fever, in which the infection is confined to the blood and is not removed except by some intermediate carrier against which a specific type of activity is necessary.

We have, therefore, three types of infectious communicable disease in which organisms are set free at some time after the infection of the patient and for a variable period. These may be divided into: Diseases affecting the respiratory tract, those affecting the digestive tract, and those affecting the cutaneous tract. It will be noticed at once that there is a marked difference in these groups. Those affecting the digestive and the cutaneous tracts will be absolutely limited under the most ordinary conditions of cleanliness to the neighborhood of the patient, while those from the respiratory tract may be projected to a variable distance by coughing, sneezing or spitting. A different set of precautions with regard to these two divisions is therefore essential.

In typhoid fever and similar diseases there is, as a rule, no isolation of the patient or the room. Cases are treated in open wards, and infection rarely occurs in another person. When this does occur, it is practically always in one of the attendants, due to his own carelessness. Again, in cases of skin infection where the respiratory tract is not involved, ordinary care, local applications and disposal of the bandages, etc., are the essential considerations.

With regard, however, to the respiratory tract infections the conditions are, at least theoretically, different. The organisms are projected in smaller masses to a certain distance, as has been sufficiently proved in experiments with petri plates and with the use of susceptible animals placed at different distances from the coughing patient. The question resolves itself into this: How long do the organisms coughed out by the patient remain viable?

Laboratory experiments, as above noted, show a more or less consistent length of time through which diphtheria, influenza, etc., may stay cultivable on media. Experiments on material infected directly by the patient give another series of periods. It appears from these investigations that under ordinary conditions, such as are consonant with essential cleanliness, the life of these organisms is very short, and the fomites are in the main not dangerous unless they are polluted grossly.

One must remember that in this group of diseases we are to include not only such known throat and lung infections as diphtheria, pneumonia, influenza, but also the exanthemata, including measles, scarlet fever and probably the entire range of the so-called children's diseases. The tendency in certain of these diseases was formerly to lay stress on the cutaneous change, namely, the exfoliation of the epidermis. We now appreciate that in measles and scarlet fever this is without danger, and that all precautions must deal with the infectious material from the nose and throat and, in certain cases, secondarily infected areas, with exudate.

In practically all these diseases, leaving aside for the present variola, discharge of the patient from quarantine and the opening of the room to habitation by others is set at a more or less definite period, and this period is being reduced as much as is consonant with the safety of the public. In scarlet fever, for instance, freedom from quarantine is not given until cessation of exudate from the nose, throat, ears or glands. Evidence shows that after the raising of quarantine, whether terminal disinfection is or is not practiced, the percentage of return cases among susceptible contacts is minimal, and that a large proportion of the secondary cases can be traced to a recrudescence of the suppuration in ears, etc., after release from quarantine. This recrudescence has been known to take place six or seven weeks, or even more, after onset of the disease. It is not practicable to quarantine patients as a routine for that period.

There are conditions to be considered in many of these diseases: on the one hand, the normal discharge from quarantine at the end of the suitable period, the patient being declared well; on the other hand, death or removal of the patient, during the acute stage. Theoretically the danger in the latter case is much greater than in

the former, and it would seem advisable under such conditions not to move anyone into the room vacated by the patient without some precautions. In the former, however, the fact that quarantine is carried on till the patient ceases to be dangerous practically precludes the presence of dangerous organisms in any amount on the fomites, and evidence as to return cases seems to carry proof of this.

Thus, in all cases of communicable disease, there are certain excreta which contain the dangerous organisms. Accordingly, it is wiser where practicable to carry on concurrent disinfection throughout the course of the disease. In other words, excreta known to be infected should be at once sterilized. Excreta from the bowel and kidney in typhoid fever should be sterilized in a container by heat or chemicals, and any dressings or other material contaminated through these excreta must also be sterilized before they can be used by any one else. In the same way patients with skin lesions of an infectious type must have these lesions so protected that the infection cannot leave the infected areas except upon dressings. With diseases of the respiratory tract, the infected area can be limited by care in coughing and sneezing, by the use of handkerchief or gauze, and by destruction or boiling of such infected materials as soon as

possible. Where the patient will not co-operate, additional restraints are necessary.

The areas of dispersion of the infected materials are limited under the worst conditions. The patient rarely spits upon the ceiling or higher than a short distance above the floor. If at the close of quarantine, or after removal of the patient, the bed clothes and other materials that have come into intimate contact with the patient are boiled or, in other words, put through the ordinary course of washing for dirty clothes, and the wood-work and floors are scrubbed with soap and water, the chance of return cases is practically nil.

It is important to remember that open lesions in the venereal diseases, while they do contain the organisms in large numbers, are made less dangerous by the fact that they are especially sensitive to outside influences, and are viable for a period of time countable in hours.

SUMMARY

Concurrent disinfection should never be omitted, and needs no extraordinary chemicals or efforts, the routine washing of infected materials being living carriers which may remain capable of transferring the disease. Here a suitable gaseous unnecessary except where there are intermediate adequate. Terminal or concurrent fumigation is disinfectant and a chemical washing of floors and furniture should never be omitted.

The Application of the Carrel-Dakin Method to the Treatment of Wounds in Civil Practice

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THE Carrel-Dakin method of the treatment of open wounds has produced such remarkable results in the war zone, that it would seem advisable to make use of this valuable therapeutic measure in the treatment of similar conditions occurring in civil practice. For the method of preparation of this solution the reader is referred to the article by Carrel. It may be stated, however, that in order to secure satisfactory results it is absolutely necessary that certain fundamental principles be followed in its application.

The solution should be non-irritating to the wound or unbroken skin. If the patient complains of continuous burning in or about the wound, the solution has probably become alkaline. This can best be determined by using phenolphthalein as an indicator. Alkalinity can be overcome by neutralizing with a solution of boric acid. The Dakin solution breaks down readily when exposed to air or light and consequently should be kept in well-corked, colored glass bottles. Metal containers should never be used, and a preparation a week old should be discarded.

It should always be borne in mind that this

method is not one of drainage, but one of irrigation or bathing the part in Dakin's solution. The bacteriological status of the wound should be determined every few days. Under strictly aseptic precautions smears should be made from various areas and after staining; average fields sought for with a careful counting of the phagocytes and free bacteria. These data should be carefully noted in order that the efficiency of the treatment can be accurately determined.

This method of treatment may be either prophylactic or therapeutic. In freshly made wounds, the idea is to prevent the development of bacteria, while in chronically infected areas the eradication of the infection is the result sought. Recent traumatism of soft parts should be cleansed of all foreign material, such as clothing, dirt, pieces of metal, wood, etc. In some instances the wound, after being treated with iodine, is scrubbed with sterile water and green soap or benzine. Macerated bits of tissue with no blood supply should be excised. Obscure cavities and deep channels should be freely laid open to prevent plugging and subsequent bacterial growth in recesses that may



(1) Showing the application of the Carrel-Dakin method of irrigation in a compound fracture of the tibia, due to a gun shot wound. The divided-reinforced cast has been draped with sterile gauze to facilitate asepsis in dressing. Attention is directed to the ease with which this patient can get about, keeping at all times his complete irrigating outfit with him.



(2) A close-up view of Fig. 1 taken about 25 days after the injury. This photograph shows the exit of the bullet and the method of placing the perforated tubes so as to insure complete irrigation.

not otherwise be reached by the solution. In the more chronic types, such as chronic osteomyelitis, deep infections travelling along fascial planes, old abscesses and discharging sinuses, the areas should be thoroughly opened, cleansed, and the surface communication enlarged.

To insure the best results, a Carrel-Dakin outfit, such as put on the market by certain commercial houses, is advantageous. This outfit consists mainly in a graduated glass reservoir leading from which is a tube of rubber. Situated along the course of this tube is a small glass drip bulb similar to that used for the "Murphy Drip." Glass connecting tubes, having from one to six openings, are furnished to insure equal distribution of the solution to the irrigation tubes in the wound. These tubes are of rubber, have a calibre of about 4 mm. and are from 30 to 35 cm. long. One end is tied off. Extending from this are perforations about 1 mm. in size, numbering from 8 to 12, arranged spirally about one-half inch apart. When an emergency presents itself, a very satisfactory outfit can be hastily improvised by using a glass reservoir, rubber tubing and soft rubber catheters, which have been perforated by using a small sharp-pointed pair of scissors.

In their application, the irrigating tubes should always be placed in the wound so as to insure complete flooding of the entire area at each irrigation. They should be loose and easily removed. Gauze should never be packed about or on them as this almost invariably tends to allow bacterial development beneath. The tubes should never remain fixed in any one position more than 24 hours; this tends to allow bacteria to multiply rapidly beyond the perforations. The wound surfaces must be kept open; otherwise collections of pus, wound secretions and the irrigating solution will tend to produce pressure



(3) Close-up view of leg, showing the size of the wound and the amount of cicatrization after 60 days. The tubes have been removed and the dressing moistened at intervals with Dakin's solution.

necrosis, thereby causing an ideal environment for further infection.

The irrigations should be made at two hour intervals and a sufficient amount used in order that the wound be thoroughly bathed. The dressings should not become dry between treatments; on the other hand, the wounded part is not to be allowed to lie in a wet bed. While the continuous drip method has been found in the vast majority of cases to be undesirable, we have found it to be a distinct advantage in certain cases. This, however, has been used only when the patient was capable of regulating the flow himself.

The dressings should be changed under the most aseptic surgical conditions, and from the

beginning the wound should be considered as being sterile. Re-infections are always possible should the technique be faulty. To protect the surrounding skin from maceration because of the continued moisture, sterile vaseline may be smeared on strips of gauze and these laid on the skin up to the margin of the wound. A thorough irrigation should be given the wound at each dressing, not only to wash it, but to see that the tubes are working properly. Collections of pus and wound secretions should be carefully sponged away at this time with cotton pledgets wrung out in Dakin's solution. The tubes are kept from slipping by strips of adhesive plaster, attaching to the adjacent intact skin, by placing wet strips of gauze loosely over them, and by the use of large safety pins fastened to the dressings.

Whenever possible in the treatment of compound fractures, we have found it advantageous

to use the divided-reinforced plaster cast. This type of cast permits easy access to the part in dressing and more accurate X-Ray examinations. In many instances secondary suture can be performed, once the wound is free from infection, in from four to five days to two weeks after institution of the treatment.

By way of conclusion it may be stated that because of its easy adaptability this method of treatment of open wounds should prove to be an important aid in civil practice. Certain fundamental principles must be borne in mind in the preparation of the solution and in the technique of its application in order to insure the results obtained by the originators. The solution must be of proper strength and non-irritating. All manipulation of the dressings must be done under the strictest surgical asepsis.

REFERENCE

Carrel, A.—*Jour. A. M. A.*, Vol. lxxvii (Dec. 9, 1916), p. 1777.

CANCER

COMMITTEE ON CANCER, OHIO STATE MEDICAL ASSOCIATION.

Audre Crotti, M. D., Chairman - - Columbus
J. H. Jacobson, M. D. - - - - - Toledo
Charles E. Holzer, M. D. - - - - Gallipolis

The Journal, in order to co-operate with this committee in bringing to the profession a better realization of our responsibilities in better and earlier cancer diagnosis, has agreed to give the committee space in The Journal each month for short treatises on the subject. The following was prepared by Dr. Crotti, the chairman of the committee.

DODECALOGUE.

I.

Cancer is a *local disease* always starting in some one spot.

II.

Cancer arises after a long continued irritation of various kinds and in and about benign growths or ulcerations. These conditions are known as *precancerous conditions*. For instance, cancer of the lip and mouth arises from pipe smoking, bad teeth, etc.; external cancer from burns, moles, warts, etc.; cancer of the stomach from a gastric ulcer; cancer of the gall bladder from gall stones; cancer of the uterus from neglected ulcerations or lacerations; cancer of the breast from neglected sores, cracks, and especially from lumps that were at first benign.

III.

The removal of a precancerous condition *prevents* cancer from developing. Hence, the duty of every physician to advise the removal of every precancerous condition especially if there are any signs of changes taking place in it. The safest way is to remove any precancerous condition while it is still quiescent.

IV.

Pain is never present in early cancer. When pain is present, it is too late for a radical cure.

V.

The first warnings of cancer do not differ from warnings from diseases that are not cancer, hence, the reason why early cancers are so often overlooked. Consequently, always think of *cancer* first; *stop, look, feel and think*.

VI.

There is no such thing as "hemorrhage" of the "change of life." Every hemorrhage is pathological and may be caused by a cancer. *Examine the patient first and prescribe only after*. Any woman who after menopause begins to "show" is more than suspicious of malignancy of the uterus. Have her operated upon.

VII.

Any lump in the breast which begins to *grow larger, gets harder, loses its sharp limits*, is becoming malignant. *Examine the patient first and prescribe only after*.

VIII.

In a patient over 35 years old any *persistent indigestion* must be regarded with suspicion. In any bleeding of the rectum, the presence of a cancer must be first eliminated before treating for "bleeding piles." *Examine first, and prescribe only after*.

IX.

In patients over thirty years of age, any *goiter growing rapidly and getting harder* in consistency is very suspicious of malignancy. When that goiter has become adherent to the neighboring tissues it is too late for a cure.

Examine first, and prescribe only after.

X.

In patients of middle age any blood in the urine must be considered as of cancerous origin until proved otherwise. *Examine or have that patient examined first, and prescribe only after*.

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Lewis, George W.	Pierpont	
Sherwood, G. O.	Geneva	
Thompson, Frank E.	Geneva	
ATHENS COUNTY		
<i>Athens</i>		
Andrews, C. H.	LeRoy, Bernard R.	
Douthitt, C. M.	Merwin, J. T.	
Farmer, A. G.	Osborn, F. A.	
Hooper, E. L.		
Crossen, K. T.	Albany	
Danford, V. G.	Trimble	
Flinn, George E.	Amesville	
Harper, E. D.	Guysville	
McLaughlin, P. R.	Guysville	
Pedigo, S. E. G.	Marshfield	
Sprague, Wiley T.	Chauncey	
AUGLAIZE COUNTY		
Anderson, W. M.	Wapakoneta	
Day, J. M.	Waynesfield	
Deerhake, W. A.	St. Marys	
Haveman, George A.	New Bremen	
Noble, Harry Spencer	St. Marys	
BELMONT COUNTY		
Barrett, Park M.	St. Clairsville	
Perry, J. C.	Shadyside	
Evans, Forest M.	Bellaire	
Wilson, Harry E.	Martins Ferry	
Wright, Fred S.	Bellaire	
BROWN COUNTY		
Chaney, Herhert M.	Sardinia	
Jackson, E. H.	Georgetown	
Tyler, George P., Jr.	Ripley	
BUTLER COUNTY		
Beach, Wilbur E.	Somerville	
Burdsal, R. E.	Seven Mile	
Griffith, W. E.	Hamilton	
Graft, John A.	Hamilton	
Hawley, Paul R.	College Corner	
Murat, Halstead S.	Middletown	
Rogers, W. N.	Hamilton	
CARROLL COUNTY		
Hathaway, J. J.	Carrollton	
Rheil, J. A.	Malvern	
Shipley, R. T.	Carrollton	
CHAMPAIGN COUNTY		
Harrell, Martin E.	Woodstock	
Middleton, A. H.	Cable	
Pearce, H. M.	Urbana	
Smith, M. L.	Urbana	
CLARK COUNTY		
<i>Springfield</i>		
Andre, Robert M.	Ort, Wallace A.	
Hamma, C. B.	Rind, Robert C.	
Link, J. A.	Syman, L. L.	
Miller, Harry		
CLERMONT COUNTY		
Kennedy, Edw. J.	Milford	
Mitchell, Thomas A.	Owensville	
Roberts, David M.	New Richmond	
Terwilligar, Clyde B.	Milford	
Wakefield, J. D.	Loveland	
CLINTON COUNTY		
Brown, Henry M.	New Vienna	
Conard, Robert	Blanchester	
Hicks, W. M.	New Vienna	
Martin, A. B.	Blanchester	
Scott, Verner T.	Clarksburg	
COLUMBIANA COUNTY		
<i>Salem</i>		
Cruikshank, Alexander	Mills, F. T.	
John, Henry J.	Thompson, R. B.	
McGeorge, James M.		
Bailey, C. H.	East Liverpool	
Bennett, H. W.	Lisbon	
Crane, James D.	Leetonia	
Harman, Howard E.	Leetonia	
Hennen, Leroy S.	Leetonia	
McHenry, Joseph B.	Hanoverton	
COSHOCTON COUNTY		
Cureton, B. F.	Walhonding	
Keenan, W. H.	Coshocton	
Lower, J. D.	Coshocton	
Wilson, Thomas R.	Bakersville	
CRAWFORD COUNTY		
<i>Bucyrus</i>		
Burrell, G. O.	Gordon, Harold J.	
Carlisle, W. G.	Koch, W. A.	
Caton, Russel J.	Lingenfelter, C. A.	
<i>Galion</i>		
Helfrich, M. L.	Mandeville, C. C.	
Kring, John B.	Murr, Paul A.	
Harris, Ralph R.	Crestline	
CUYAHOGA COUNTY		
<i>Cleveland</i>		
Aland, Albert H.	Gill, William C.	
Allen, Maurice L.	Glass, George F.	
Andrews, Fred L.	Goodman, Charles	
Avellone, Joseph C.	Goodman, Isadore J.	
Bachman, Ulysses N.	Guschantz, P. C.	
Ballard, Homer C.	Graham, Allen	
Barney, William R.	Grossman, A. B.	
Beach, John L.	Grossman, Royal G.	
Bell, Leo P.	Haefele, George L.	
Blankenhorn, M. A.	Harrison, B. I.	
Bogart, Clark S.	Harter, James H.	
Boutwell, Joseph H.	Haas, Ferdinand F.	
Bowers, Charles A.	Heabler, Locke E.	
Boykin, John T.	Herrick, Frederick C.	
Brainard, Albert J.	Herrick, H. Burt	
Bray, Charles M.	Hickin, F. W.	
Brook, Samuel	Hill, Walter C.	
Brooks, Ernest R.	Hinton, Drury	
Bruner, William E.	Hoover, C. F.	
Bubis, Jacob L.	Horr, William H.	
Burhans, Charles W.	Jackson, Theron S.	
Burstein, Theodore	Jasinski, I. E.	
Bunts, F. E.	Jones, Albert L.	
Callaghan, A. E.	Jones, Arthur S.	
Carson, Paul C.	Jones, Frank H., Jr.	
Chamberlain, Wilson S.	Jones, Thomas E.	
Champlin, H. D.	Karsner, Howard	
Christie, C. D.	Kelly, S. W.	
Clarke, Robert	Kendall, P. G.	
Colvin, Byron B.	Kennerdell, Thomas R.	
Cook, Alva D.	Kline, David R.	
Cooper, Frederick S.	Kramer, James G.	
Cranmer, Linus R.	Krebs, Paul H.	
Crile, George W.	LaRocco, Charles G.	
Crooks, John H.	Lichtig, Henry A.	
Crum, John R.	Lichty, M. J.	
Culer, Frederick A.	Lower, William E.	
Cutler, Franklin E.	MacDonald, D. M.	
Darby, John C.	MacFarland, C. H., Jr.	
Davidson, Paul F.	Mahrer, Max	
Davis, Howard H.	Marine, David	
Denison, Adam B.	Matuska, Ignatius W.	
Dexter, Richard	Mayer, Nevin C.	
Dippol, Arthur L.	McClelland, Joseph E.	
Dowds, Edward D.	McGau, N. P.	
Driver, James R.	McMillen, —	
Dwyer, William E.	McNamee, Edgar P.	
Eisenbrey, A. B.	McRae, Floyd W., Jr.	
Feiss, Henry O.	Meek, John A.	
Filak, John A.	Merrill, Leslie S.	
Forbes, Roy P.	Miller, Joseph E.	
Fried, Amos E.	Moore, Paul G.	
Gauchat, Paul C.	Morrill, Gordon N.	
Graci, Frank P.	Mosiman, Roscoe E.	
Gibson, Frank S.	Mowry, Floyd S.	

THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

Maertz, Charles
Mann, Harry F.
Martin, Earl A.
Matuska, Anthony
McCarthy, Merrick T.
McGrath, E. R.
Mehan, George T.
Metz, Charles W.
Moloney, Louis
Morris, Roger
Muck, Edward
Myttinger, Walter
Neal, Charles A.
Norris, Benjamin
Odum, Stanley G.
Owry, Franklin J.
Paden, Russell H.
Paul, Charles M.
Peterson, Marcellus L.
Pirrung, J. Edward
Place, Philip
Querner, Louis A.
Ramsey, Allen
Ransohoff, J. Louis
Rhodes, G. B.
Ross, William L., Jr.
Rupp, Dennis
Sattler, Ray
Schriver, L. H.
Cadwallader, J. C.
Klein, Elmer A.
Snider, Frank E.
Swing, Fred
Tate, Ralph B.

HANCOCK COUNTY

Findlay

Balsley, Alfred W.
Cooper, Elwin H.
Firman, John M.
Hartman, John V.

Todd, C. D.

HARDIN COUNTY

Kenton

Belt, LeRoy L.
Nourse, John D.
Snodgrass, Frank B.

Crum, John R.
Evans, Roy K.
Lynch, Elmer E.
Smith, Samuel C.
Wisely, Allen N.

HARRISON COUNTY

Curtis, W. H. H.

HENRY COUNTY

Boesel, I. H.
Earp, James F.
Garwood, George E.
Haag, Henry P.
Harrison, C. M.
Homeck, Herman W.
Norris, O. L.
Rohrs, Henry F.

HIGHLAND COUNTY

Ambrose, W. H.
Frame, J. H.
Larkin, J. C.
McAllister, J. L.
Skeel, Carroll H.
Varney, J. D.

HOCKING COUNTY

Hayman, E. H.
Koppe, Harold F.
Lyon, Claude C.

HOLMES COUNTY

Olmstead, Atlee R.
Putnam, Isaac

HURON COUNTY

Bell, Clement L. V.
Coupland, James D.
Cranston, Byron S.
Gill, Robert C.
Mackintosh, Angus A.
Pilkey, Benjamin C.
Reese, James W.
Sipher, John A.

JACKSON COUNTY

Davis, Daniel W.
Evans, Walter E.
Gahn, Halder L.
Henry, J. W.
Hunter, Johnson S.
Parker, W. H.

Schroeder, John H.
Shank, Reed
Silberstein, Emanuel L.
Smith, A. H.
Snell, Albert F.
Soutner, C. T.
Southworth, J. Rufus
Spelman, John D.
Staley, R. W.
Stamberg, Henry
Stammell, Charles A.
Strobach, George
Taylor, Neil E.
Tharp, Silas P.
Tonassene, Raymond A.
Topmoller, W. J.
Tucker, David A., Jr.
Urner, M. H.
Vance, William K.
Van Voast, R. A.
Wakefield, J. D.
Ware, H. J.
Weintz, C. H.
Whitacre, Marion
Woodward, Henry L.
Woolley, Paul G.
Wottring, Louis C.
Zielonka, Samuel

JEFFERSON COUNTY

Steubenville

Biddle, James K.
Biddle, Victor
Clark, Roy S.
Donchoo, W. S. P.
Atwell, Z. T.
Caldwell, John R.
Ferguson, G. A.
Huith, Leo
McElroy, Thomas
Schilling, Robert W.

Ersline, DeMarr
Jones, Thomas
Maxson, Charles W.
Miller, James E.

Amsterdam

Rayland

Toronto

Follansbee

Mingo Junction

Toronto

KNOX COUNTY

Mt. Vernon

Blair, Harry W.
Clark, Edw. M.
Claypool, John R.
Conard, Carrol D.
Norrick, John H.
Phillips, W. O.

Cooper, Fred S.
Pumphrey, J. M.
Workman, I. S.

Fredericktown

Centerburg

LAKE COUNTY

Jones, E. S.

Painesville

LAWRENCE COUNTY

Cass, Edward M.
Crary, H. C.
Marting, W. F.
Mayberry, Irvin W.
Rose
Stewart, Forrest R.
Wiseman, Orlyn

Utica

Millers

Ironton

Scottown

Sheritt

Pedro

LICKING COUNTY

Brown, James A.
Cook, Edgar P.
Hixson, A. H.
Johnston, E. H.
Lewis, W. H.
Marriott, L. L.
Mitchell, L. A.

Newark

Granville

Johnstown

Alexandria

Newark

St. Louisville

Newark

LOGAN COUNTY

Bellefontaine

Butler, Robert H.
Carey, William H.
Makenson, F. R.
McCracken, A. J.
Croft, J. W.
Davis, Claude
Fulwider, Robert M.
Hinkle, W. M.

Pratt, Lester J.
Pratt, Malcolm L.
Pratt, Robert
Startzman, C. K.

West Liberty

East Liberty

Zanesfield

DeGraff

LORAIN COUNTY

Elyria

Hart, W. E.
Hubbell, W. B.
Kramer, J. C.
Lawrence, Frank A.
Dager, W. F.
Faus, Ralph W.
Gregg, Frank B.
Meek, J. A.
Mikolando, Otto
Pease, R. A.
Powers, Harry W.
Richardson, V. M.
Spenseller, Fred M.
Wiseman, G. R.

Metcalf, H. M.
Sheffield, Edwin E.
Smith, Arthur B.

Lorain

Lagrange

Wellington

Lorain

Lorain

North Ridgeville

Amherst

Oberlin

Wellington

Amherst

LUCAS COUNTY

Toledo

Beckwith, Horace K.
Belyea, James A.
Berger, C. A.
Booth, George B.
Brewer, Lyman A.
Brown, Thomas H.
Cass, James W.
Chollett, Burt G.
Cole, Claude B.
Conger, William W.
Dolloway, L. M.
Evestone, Fred
Faber, Charles F.
Ferneau, Frank D.
Ficklin, Frank B.
Figley, Karl D.
Gillette, Norris W.
Girardot, Adolph J.
Goodyear, Lucius B.
Harrison, Jay M.
Harvey, John H.
Hayes, W. S.
Hein, Barney J.
Hetler, George A.

Higgins, Thomas F.
Iford, Daniel W.
Johnson, Philip M.
Lawless, Robert E.
McCormick, Edward J.
McGonigle, M. B.
Meador, H. B.
Miller, Lawrence D.
Moor, Daniel C.
Moots, Charles W.
Mundy, Carl C.
Myers, Foster
Newberg, Frank L.
Orwig, Earl
Peavy, Henry J., Jr.
Pilliod, Frank W.
Rees, Owen C.
Ricard, William A.
Rieg, Phil W.
Rosenblum, Herman G.
Schade, August H.
Selby, C. D.
Shapiro, William M.
Souder, Charles G.

THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

Stone, Willard J.
 Strathmann, William H.
 True, John Arthur
 Tucker, John P.
 Hayes, Harry S.

Whitwham, G. P.
 Wilson, Dale
 Williamson, H. W.
 Zemar, Ralph H.
 Whitehouse

MADISON COUNTY

Christopher, Harry V.
 Kerr, George M.
 Parker, John W.
 Wittich, Roderick B.

London

Lilly Chapel

London

Mt. Sterling

MAHONING COUNTY

Youngstown

Allsop, W. K.
 Barrett, C. D.
 Bierkamp, F. J.
 Blaine, William M.
 Borden, P. G.
 Brant, A. E.
 Breece, Floyd P.
 Buchanan, J. U.
 Bunn, W. H.
 Clark, C. R.
 Cliffe, Earl
 Dunn, George D.
 Farley, David L.
 Fenton, R. W.
 Fitzpatrick, F. P.
 Hosbit, Dean A.
 Hudnut, O. D.
 Jones, M. P.
 Kaskinski, T. J.
 King, Jonas E.

Love, William P.
 Mariner, James S.
 McCurdy, S. M.
 McNamara, Frank W.
 Meyer, Nathan W.
 Morrall, R. R.
 Moses, C. H.
 Nesbitt, D. A.
 Nutt, George S.
 Osborn, H. M.
 Painter, A. M.
 Phillips, D. B.
 Reed, C. M.
 Reed, Colin M., Jr.
 Sherbondy, J. A.
 Thomas, E. R.
 Washburn, J. L.
 Wilson, B. W.
 Wolferth, C. C.

MARION COUNTY

Marion

Hoskins, Jacob M.
 Mattox, S. W.
 Mouser, H. K.
 Rhu, H. S.
 Hurd, B. B.
 Marsh, Evert J.
 Shira, Donald

Titworth, Archie W.
 Weeks, Dana O.
 Weiser, Walter J.

Caledonia

Waldo

Lurue

MEDINA COUNTY

Appleby, A. G.
 Brintnall, R. A.

Valley City

Seville

MEIGS COUNTY

Bing, Byron
 Crary, Herman L.

Pomeroy

Letart Falls

MERCER COUNTY

Rockford

George, John C.
 Wickersham, James C.
 Ayers, Frank E.
 Brumm, Frederick H.
 Gibbons, John T.
 Leiser, William A.
 Ransbottom, I. J.
 Schirack, C. J.

Wilcox, Richard C.
 Wilson, Richard S.

Celina

Coldwater

Celina

Ft. Recovery

Coldwater

Coldwater

MIAMI COUNTY

Caywood, James R.
 Haley, Michael R.
 Lindemberger, L. N.
 Teeter, Judson

Piqua

Piqua

Troy

Pleasant Hill

MONROE COUNTY

Edwards, C. E.
 McVey, Edward F.
 Thomson, W. E.

Jolly

Clarington

Antioch

MONTGOMERY COUNTY

Dayton

Baldwin, Ashton M.
 Bayless, C. O.
 Burnett, Harry W.
 Carley, A. W.
 Cline, C. L.
 Coleman, C. A.
 Crow, Allen G.
 Giffin, Guy G.
 Grove, Courtney P.
 Hendee, Walter W.
 Hewitt, Alchie E.
 Kalter, G. E.
 Kelly, John E.
 Dickinson, T. H.
 Hunt, Charles T.
 Travis, John L.

Kislig, Fred K.
 Kuhl, Albert F.
 Lyons, Clinton G.
 Mansur, William B.
 Mashburn, N. C.
 McCally, Albert W.
 McClellan, H. H.
 McKenny, J. W.
 Rounds, Frederick C.
 Vega, Jaffrey J.
 Walkup, Thomas
 Wood, Thomas M.
 Woodruff, Ralph L.

Germantown

Miamisburg

Germantown

MORGAN COUNTY

Hill, J. F.

McConnelsville

MORROW COUNTY

Bennett, W. S.
 Jackson, C. S.
 Virtue, D. B.

Cardington

Edison

Iberia

MUSKINGUM COUNTY

Zanesville

Allen, S. L.
 Baron, Frederick S.
 Brush, E. R.
 Fulwider, Robert M.
 Higgins, Charles H.
 Loebell, Maurice
 Martin, John G.
 Wells, Robert E.

O'Flaherty, A. E.

Roach, C. J.

Sellers, C. P.

Sutton, Thomas

Walters, Alvin H.

Sonora

New Concord

Nashport

NOBLE COUNTY

Dew, F. R.

Belle Valley

OTTAWA COUNTY

Ballou, Justin G.
 Ingraham, Frederick D.
 Jordan, Aid B.
 McCracken, Charles
 Starkes, C. C.
 Van Epp, Owen B.

Graytown

Curtice

Marblehead

Port Clinton

Port Clinton

Port Clinton

PAULDING COUNTY

Fast, L. R.
 Miller, John C.

Paulding

Payne

PERRY COUNTY

Allen, Edgar D.
 Burrell, Guthrie O.
 McNerney, N. H.
 Shaw, H. W.
 Sommers, J. C.

New Lexington

New Lexington

Corning

Junction City

Somerset

PICKAWAY COUNTY

Jackson, Harry D.
 McKay, W. H.

Circleville

Orient

PIKE COUNTY

Seiler, I. P.
 Tidd, E. W.

Piketon

Stockdale

PORTAGE COUNTY

Gatchell, W. T.
 Gorham, B. E.
 Hull, George E.
 Nichols, B. H.
 Pritchard, L. W.

Ravenna

Kent

Mantua

Ravenna

Ravenna

PREBLE COUNTY

Coombs, Jerrard W.
 Silver, H. Z.
 Stewart, William T.

Camden

Eaton

Morning Sun

PUTNAM COUNTY

Davis, B. P.
 Owens, Otto J.
 Siddall, John D.
 Watterson, John D.

Ft. Jennings

Ottawa

Kahida

Kahida

RICHLAND COUNTY

Findley, Samuel E.
 Lavender, D. C.
 Mecklem, W. P.
 Smith, George S.
 Stober, John F.
 Walker, C. S.

Mansfield

Pavonia

Mansfield

Mansfield

Lexington

Plymouth

ROSS COUNTY

Dunn, A. H.
 Hatfield, Charles C.
 Holmes, R. W.
 Lightner, Russell E.
 Nisley, Glen
 Perry, Stephen W.
 Scott, V. T.
 Smith, W. B.
 Tinker, L. M.

Chillicothe

Kingston

Chillicothe

Kingston

Chillicothe

Bainbridge

Clarksburg

Frankfort

Frankfort

SANDUSKY COUNTY

Baker, E. W.
 Deemer, W. R.
 Eystone, A. G.
 Harding, Charles L.
 Kern, Peter E.
 Phillips, Merton O.
 Trumbull, H. N.

Clyde

Fremont

Gibsonburg

Bellevue

Gibsonburg

Fremont

Woodville

SCIOTO COUNTY

Portsmouth

Blizzard, Donald M.
 Dawson, Challis H.
 Mills, Alfred B.
 Moore, A. R.
 Mytinger, George S.
 DeCrow, Reaves W.
 Graf, Carl H.

Quinn, W. A.

Rapp, Harry F.

Rardin, J. S.

Robe, O. W.

Ruggles, S. D.

Sciotoville

Sciotoville

SENECA COUNTY

Fostoria

Fruth, Virgil J.
 Henry, C. A., Jr.
 Daniel, Charles F.
 Wenner, Henry L., Jr.

Johnston, Cecil

Leonard, William N.

Tiffin

Tiffin

THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

SHELBY COUNTY
 Connor, Franklin Sidney
 Englerth, Benjamin Anna
 LeMaster, Vernon Sidney

STARK COUNTY
Canton
 Danforth, M. E. O'Brien, John D.
 Hamilton, Claude D. Todd, Joseph L.
 Bernard, Benj. C. Alliance
 Casey, L. E. Minerva
 Dougherty, J. B. New Berlin
 Holston, J. D. Massillon
 Ramsey, P. M. Alliance
 Scranton, Homer G. Alliance
 South, John J. Massillon
 Walker, C. A. Louisville

SUMMIT COUNTY
Akron
 Barton, E. W. Lyhyer, P. C.
 Clark, Lucien D. Neiland, H. R.
 Davis, Paul A. Postle, R. S.
 Drury, Roy F. Power, R. E.
 Gillespie, B. H. Rambo, E. F.
 Grim, Jesse Rogers, W. J.
 Haralson, C. H. Smith, C. C.
 Heckert, H. R. Stewart, James E.
 Logan, G. M. Ulrich, Joseph M.
 Luce, R. V. Woodbury, Harry E.
 Alspach, E. Z. Kenmore
 Havre, S. J. Kenmore
 Long, P. B. Copley
 Rodenbaugh, H. A. Barberton
 Searl, William A. Cuyahoga Falls

TRUMBULL COUNTY
Warren
 Ailes, M. D. Page, Harlan
 Hoover, D. E. Waller, C. E.
 Knappenberger, M. T. Wright, E. H.
 Manley, O. T.
 Moore, L. G., Jr. Kinsman
 Williams, C. C. Niles

TUSCARAWAS COUNTY
 Calhoun, G. E. Uhrichsville
 Coleman, H. A. New Philadelphia
 Goudy, Rollin A. Newcomerstown
 Guthrie, Gale C. Uhrichsville
 Marquand, B. A. Canal Dover
 Shawecker, K. E. New Philadelphia
 Shawecker, Max Canal Dover
 Wilson, Roy A. Dennison

UNION COUNTY
 Boylan, J. L. Milford Center
 Calloway, F. C. Marysville

Goff, William M. Marysville
 MacIvor, Angus Marysville

VAN WERT COUNTY
Van Wert
 Church, Charles G. Lawhead, W. E.
 Flemming, R. C. Leake, N. E.
 Logan, ———
 Hanna, Myron Scott
 Musgrave, A. C. Ohio City
 Reed, F. E. Wren
 Reeder, M. E. Ohio City
 Roller, W. C. Wilshire

VINTON COUNTY
 Cox, O. S. McArthur
 Henry, W. H. Hamden

WARREN COUNTY
 Krohn, C. P. Morrow

WASHINGTON COUNTY
 Adair, Frank Beverly
 Edwards, C. E. New Matamoras
 Gale, Larry Newport
 Hill, Edgar W., Jr. Marietta
 Penrose, J. B. Marietta
 Sellow, Timothy Watertown
 Stewart, J. M. Marietta

WAYNE COUNTY
 Bertolette, Harry B. Shreve
 Deeds, Charles R. Dalton
 Ice, K. C. Shreve
 Wahl, Edward W. Sterling

WILLIAMS COUNTY
Bryan
 Long, James W. Solier, Franz E.
 Pemberthy, Jesse P. Snyder, Alva E.
 Curl, George Edgerton
 Patton, Homer H. Montpelier

WOOD COUNTY
Bowling Green
 Boyle, Frank V. Rae, James W.
 Gorsuch, George A. Schrader, C. O.
 Harrison, A. M. Stove, Frank A.
 Biggs, I. L. Custer
 Bowers, M. H. Perrysburg
 Wetherill, J. C. Weston

WYANDOT COUNTY
Upper Sandusky
 Bowman, J. C. Naus, Walter L.
 Kenan, Frederick Smith, Arthur N.
 Griest, T. C. Nevada
 Van Buren, R. C. Carey

War Notes

Assisted by an examining board of sixteen specialists, Dr. A. C. Bachmeyer of Cincinnati General Hospital (Captain M. O. R. C.) is daily examining from ten to twenty applicants for service in the aviation department. The tests required by the government for service in this field are extremely exacting.

Dr. Albert H. Freiberg of Cincinnati is devoting a considerable portion of his time these days to the successful development of an army orthopedic service. He is a member of the general advisory board appointed by the Surgeon General to provide specialized training in orthopedics. He is accredited with the preparation of the comprehensive 300-page manual which is used as a basis of the special course now offered by several eastern colleges. The importance of orthopedics in the development of our army is being more clearly recognized as the war de-

velops and a large number of general surgeons are centering their work upon this particular field.

Dr. John W. Means, Columbus (Captain M. O. R. C.) who has been stationed at Columbus Barracks for several months, has been assigned to Base Hospital No. 22, raised in Milwaukee. He will succeed Captain Robert Ives in the oral and plastic surgery section, Dr. Ives having been transferred to the Surgeon General's office. Dr. George C. Schaeffer of Columbus has also been assigned to the oral and plastic surgical division and expects assignment soon.

In our issue of December, under the title "Recent Orders Issued by the Surgeon General Directing Movements of Ohio Physicians on Military Duty," we published a notation to the effect that Dr. John D. Miller of Cincinnati had been ordered to Camp Grant, Rockford, Illinois. Dr. Miller advises us that this is an error; that he is still in civil practice.

Medical Advisory Boards Selected by the Governor to Aid Future Selective Draft Work

Governor Cox early in December—acting in every case on the suggestion of his new medical aide, Lieutenant Charles S. Hamilton of Columbus, announced the personnel of the new Medical Advisory boards which are to play so important a part in the future operations of the selective draft, and the appointment of which was specially requested by President Wilson.

Under the new draft scheme, which simplifies the tremendous work by use of the questionnaire, by which the ineligible are automatically separated, the importance of the work of the examining physicians is very greatly increased. Upon the determination of the man's physical condition now rests the question of whether he is to be called to the colors. In view of this fact the government thought it advisable to provide an additional check upon and give additional aid to the already over burdened examining physicians of the local draft boards. This was the reason for appointing district medical advisory boards.

In a general way, these medical advisory boards will sit as boards of appeal in the determination of questions relative to the physical condition of any select. A particular function will be the more minute and technical physical examinations that may be necessary in border line cases. For this reason the government directed that each district board be composed, so far as possible, of a surgeon, internist, pathologist, ophthalmologist and roentgenologist, and requested that in certain districts there be added specialists in tuberculosis, orthopedics, and men who limit their practice to other professional specialties. It should be noted that in a general way, and insofar as it was locally possible or necessary, this order has been observed in determining the personnel of the Ohio boards.

* * *

We have heard some criticism since the announcement of the boards, by reason of the fact that in each case, with a single exception, the entire board has been drawn from the city in which the meetings are to be held. The opinion has been expressed that inasmuch as each advisory board serves several counties (except in the largest cities), so important a board should have in its membership at least one medical man from each county.

This was the original intention, but it was abandoned when it became known that the work of these boards might become very heavy. It is entirely possible that in future draft calls it will be necessary for them to be in daily session for considerable periods. It may be seen readily that this would entail great hardship upon a physician member residing in a city removed from the meeting place of the board, whereas the hard-

ship would be minimized by securing a local board which could arrange its meetings in conformity with the demands on the time of its members. It is very necessary that every hardship be reduced to the limit as these board members are expected to serve without remuneration.

* * *

Furthermore, every effort was made to avoid selecting men for the Medical Advisory boards who have been taking an active part in the work of the local boards. This was not possible in all cases, of course, but as a general thing every effort was made to disturb as little as possible the medical organizations of the local boards.

* * *

The personnel of the new boards follow:

Akron District—Drs. John H. Weber, G. W. Rockwell, H. J. Cozad, D. W. Stevenson, J. M. Weller, S. J. Metzger, all of Akron, with jurisdiction over Portage and Summit Counties.

Ashtabula District—Drs. C. E. Case, W. S. King, E. E. Crockett, all of Ashtabula, with jurisdiction over Ashtabula, Geauga and Lake counties.

Athens District—Drs. Charles McDougall, L. G. Beam, R. E. Bushong, T. A. Copeland, D. H. Biddle, all of Athens, with jurisdiction over Athens, Gallia, Hocking, Jackson, Meigs and Vinton Counties.

Canton District—Drs. A. B. Walker, J. E. Shorb, C. A. Crane, J. F. Marchand, A. H. Calhoun, of Canton, H. C. Eyman, of Canton, with jurisdiction over Carroll, Holmes, Stark, Tuscarawas and Wayne Counties.

Cincinnati District—Drs. R. B. Cofield, W. M. Doughty, F. W. Langdon, C. J. King, Oliver P. Holt, F. B. Samson, H. K. Dunham, Dudley Webb, Harry H. Hines, Charles Goosman, J. M. Ratliff, D. T. Vail, Mark Brown, W. B. Wherry, C. S. Rockhill, E. O. Smith, all of Cincinnati, with jurisdiction over Brown, Butler, Clermont, Clinton, Hamilton, Highland and Warren Counties.

Cleveland District—Drs. R. H. Birge, G. F. Thomas, H. H. Drysdale, J. E. Cogan, C. F. Hoover, C. L. Crummer, G. W. Morehouse, Frank Oakley, J. V. Gallagher, W. I. LeFevre, A. B. Howard, W. B. Chamberlain, L. W. Ladd, N. W. Ingalls, J. H. Lowman, I. E. Seward, all of Cleveland, with jurisdiction over Cuyahoga County.

Columbus District—Drs. E. M. Gilliam, H. L. Harris, W. D. Deuschle, Andrew Timberman, T. W. Rankin, J. J. Coons, C. O. Probst, Hugh A. Baldwin, all of Columbus, with jurisdiction over Delaware, Fairfield, Franklin, Licking and Pickaway Counties.

Dayton District—Drs. L. G. Bowers, W. H. Delcamp, C. W. King, C. H. Breidenbach, H. D.

Goodhue, G. B. Evans, J. D. Kramer, A. L. Light, H. V. Dutrow, all of Dayton, with jurisdiction over Darke, Fayette, Greene, Miami, Montgomery, Preble and Shelby Counties.

Lima District—Drs. O. S. Steiner, H. A. Thomas, C. H. Clark, A. W. Bice, P. I. Tussing, S. H. Arkelian, all of Lima, with jurisdiction over Allen, Auglaize, Hancock, Hardin, Marion, Mercer, Putnam, Van Wert and Wyandot Counties.

Lorain District—Drs. Birt E. Garver, S. V. Burley, W. S. Baldwin, J. B. Donaldson, all of Lorain, with jurisdiction over Erie, Huron, Lorain and Medina Counties.

Mansfield District—Drs. J. H. Nichols, J. L. Stevens, E. C. Brown, R. C. Wise, R. V. Meyers, all of Mansfield, with jurisdiction over Ashland, Crawford, Knox, Morrow and Richland Counties.

Marietta District—Drs. S. A. Cunningham, C. A. Gallagher, F. E. McKim, C. A. Williams, all of Marietta, with jurisdiction over Monroe, Morgan and Washington Counties.

Portsmouth District—Drs. S. S. Halderman, H. A. Schirrmann, G. M. Marshall, P. J. Kline, R. A. LeBaron, all of Portsmouth, with jurisdiction over Adams, Lawrence, Pike, Ross and Scioto Counties.

Springfield District—Drs. J. A. Link, E. R. Brubaker, F. P. Anzinger, C. L. Minor, H. B. Martin, C. L. Jones, all of Springfield, with jurisdiction over Champaign, Clark, Logan, Madison and Union Counties.

Steubenville District—Drs. Reed Cranmer, J. A. Bradley, J. R. Mossgrove, J. C. M. Floyd, of Steubenville, J. S. McClellan, Clyde W. Kirkland, of Bellaire, with jurisdiction over Belmont, Harrison and Jefferson Counties.

Toledo District—Drs. C. N. Smith, Harry Dachtler, Louis Miller, W. H. Snyder, L. C. Grosh, S. S. Hndman, R. P. Daniells, John G. Keller, all of Toledo, with jurisdiction over Defiance, Fulton, Henry, Lucas, Ottawa, Paulding, Sandusky, Seneca, Williams and Wood Counties.

Youngstown District—Drs. W. H. Buechner, John Heberding, W. M. Hartzell, H. E. Welch, H. E. Patrick, all of Youngstown, with jurisdiction over Columbiana, Mahoning and Trumbull Counties.

Zanesville District—Drs. J. McClain of Coshocton, J. G. Holston, F. S. Baron, C. U. Hanna, Herbert Infield, of Zanesville, with jurisdiction over Coshocton, Guernsey, Muskingum, Noble and Perry Counties.

Recent Orders Issued by the Surgeon General's Office to Ohio Physicians in Military Service

The following notes concerning the movement of Ohio physicians in active military service, taken from the orders published by the Surgeon General's Office, detail in a general way the activities of Ohio men who have answered the call of their country:

To Allentown, Pennsylvania: Lieutenant David L. Farley, Youngstown.

To Army Medical School, Washington, D. C.: Lieutenant Charles A. Stammel, Jr., Cincinnati.

To Camp Custer, Battle Creek, Michigan: Lieutenant M. B. McGonigle, Toledo.

To Camp Dix, Wrightstown, New Jersey: Lieutenants S. J. Ellison, West Union; H. O. Ruh, Cleveland; Captain W. A. Quinn, Portsmouth.

To Camp Dodge, Des Moines, Iowa: Lieutenants R. W. Faus, Wellington; E. H. Johnston, Alexandria; C. D. Postle, Columbus; Robert Sattler, Cincinnati; W. T. Sprague, Athens.

To Camp Funston, Fort Riley, Kansas: Lieutenant Marion Whitacre, Cincinnati.

To Camp Grant, Rockford, Illinois: Lieutenants Edwin G. Schwarz, Ivan I. Yoder, Cleveland.

To Camp Greene, North Carolina: Lieutenants W. H. Mytinger, Cincinnati; N. L. Zimmer, Cleveland.

To Camp Greenleaf, Fort Oglethorpe, Georgia: Lieutenant Roy P. Forbes, Cleveland.

To Camp Jackson, Columbia, South Carolina: Lieutenants S. P. Donehoo, Winterville; G. B. Booth, Toledo; R. S. Moynan, Columbus.

To Camp Kearney, Linda Vista, California: Lieutenant M. D. Soash, Westerville.

To Camp MacArthur, Waco, Texas: Captain Roy K. Evans, McGuffey.

To Camp Sevier, Greenville, South Carolina: Lieutenant A. W. Carley, Dayton; Captain Elmer A. Klein, Norwood.

To Camp Shelby, Hattiesburg, Mississippi: Lieutenant Carl Mulky, Cleveland.

To Camp Taylor, Louisville, Kentucky: Lieutenant C. B. Hamma, Springfield; Robert Clarke, Cleveland; I. W. Mayberry, Scottown.

To Camp Upton, Yaphank, Long Island: Lieutenants A. J. McCracken, Bellefontaine; Alvah S. McLain, Lakewood.

To Camp Wheeler, Macon, Georgia: Lieutenants R. W. DeCrow, Sciotoville; H. H. McClellan, Dayton.

To Cleveland, Ohio: Lieutenant Thomas H. Brown, Toledo; Captain Harry T. Miller, Springfield.

To Columbus, Ohio (Ohio State University): Lieutenant A. H. Seeds, Columbus.

To Fort Benjamin Harrison: Major H. L. Woodward, Cincinnati.

To Fort Oglethorpe, Georgia: Lieutenants W. G. Carlisle, Bucyrus; J. A. Meek, Lorain; G.

M. Logan, Jesse Grim, Akron; J. H. Buff, Cincinnati; J. M. Dunn, J. D. Kessler, Columbus; Allen G. Crow, Jacksontown; R. B. Thompson, Solon; F. E. Snider, Madisonville; B. J. Hein, Toledo; J. A. Filak, Lakewood; E. W. Hill, Jr., Marietta; G. A. Havemann, New Bremen; C. J. Roach, Zanesville; M. A. Wagner, Lima.

To Fort Omaha, Nebraska: Lieutenant P. F. Davidson, Cleveland.

To Fort Riley, Kansas: Lieutenants A. H. Hixson, Columbus; Edward Kuck, W. J. Topmoeller, Cincinnati; F. L. Andrews, Cleveland; A. F. Sarver, Greenville.

To Fort Sam Houston, Texas: Lieutenant H. A. Brown, Cincinnati.

To Fort Sill, Oklahoma: Major Robert Conard, Blanchester.

To Hot Springs, Arkansas: Lieutenant John H. Schroeder, Cincinnati.

To Jefferson Barracks, St. Louis, Missouri: Lieutenant George H. Reeve, Cleveland.

To New York City (Post Graduate Hospital): Lieutenant W. N. Taylor, Columbus.

To New Orleans (Charity Hospital): Lieutenant J. M. Steel, Cleveland.

To Oklahoma City, Oklahoma: Lieutenant Z. O. Sherwood, Geneva.

To Philadelphia, Pennsylvania: Lieutenant Robert B. Pratt, Bellefontaine; Captain G. C. Schaeffer, Columbus.

To Rochester, Minnesota: Lieutenants J. J. Vega, Dayton; G. C. Guthrie, Uhrichsville; Donald Shira, Larue; W. M. Shapiro, Toledo.

To San Diego, California: Lieutenant Julius C. Kramer, Elyria.

To Washington, D. C.: Captains J. D. Pilcher, Cleveland; W. A. Searl, Cuyahoga Falls.

To Inactive List: Lieutenants Louis A. Cornish, Louis H. Schriver, Cincinnati; I. P. Seiler, Piketon.

To Home (honorably discharged on account of being physically disqualified for active service): Lieutenants C. C. Mandeville, Galion; J. W. Coombs, Camden; Major Burt W. Wilson, Youngstown.

MORE POWER TO YOU.

The following is an excerpt from a recent letter from Dr. O. O. LeMaster of Sidney, secretary of the Shelby County Medical Society:

"A resolution was passed at November meeting to pay from the society treasury the dues of members for 1918 who are in active service with Uncle Sam. We also raised our annual dues to \$6.00 so as to meet our needs and increased state dues. No kicks, so go to it. We all feel we are more than getting our money's worth."

—A systematic examination of Portsmouth school children is being conducted by physicians of that city with the assistance of the nurses of the Bureau of Community Service.

War Notes

The editor pleads guilty to a charge of carelessly using a term of serious reproach in the November number of *The Journal*. In presenting the plan of the Cincinnati Academy of Medicine to raise a military relief fund he stated that the membership would be divided into four classes, and an additional one hundred who did not contribute anything to the fund would be "financial slackers." This was an unfortunate statement and merits the rather sharp criticism which it caused. Merely because a man does not contribute to every fund that these war times make necessary, is not just reason for branding him as a financial slacker. For many the demands are too great, and this particularly applies to a large class of physicians. Their income has remained practically stationary and in many localities has been seriously crippled by the general scarcity of money, and the absence of former patients now in the war. At the same time the cost of practice has increased tremendously. We do not care to assume the responsibility of terming any man a slacker. If he is one, he knows it, and the knowledge is his own punishment. We retract that careless statement, absolutely.

A report reaches us that Dr. M. A. Wagner, former Lima physician, will be en route for service "over there" within a couple of weeks. Dr. M. J. Longworth, another Lima physician, has been transferred to Hoboken, New Jersey, the port of embarkation for troops bound for over sea duty. Both physicians have been in training at Fort Oglethorpe.

The Red Cross has extended its activities to include Home Service committees which are being formed throughout the country. These committees will render service in the homes of soldiers, sailors, surgeons and nurses who are in the service of their country.

Elyria physicians honored Captain W. E. Hart, November 28, with a banquet at Hotel Andwur. Covers were laid for 23, including two members of the draft board and three Elyria dentists. Dr. Hart discussed the work which he is doing in the hospital at Fort Oglethorpe.

Dr. O. H. Sellenings of Columbus, with the American Red Cross in France, has begun a study of the milk situation in France, at the request of Major Grayson M. P. Murphy, Red Cross Commissioner to Europe. With the arrival of Dr. Sellenings in Paris, with 11 other men physicians, six women physicians, a dentist, a laryngologist and 15 nurses, the staff of the children's bureau has reached 102, of whom 32 are physicians and 39 trained nurses. In his study Dr. Sellenings will visit every part of

France, including the strip evacuated by the Germans, which has left large numbers of children to be supplied with milk without any increase in supply, the Germans having removed all cattle with them.

Dr. Rasael Menocal of Havana, a famous Cuban surgeon, recently made a trip to Washington for a conference with American Red Cross officials on the preparation of the field hospital and equipment to be sent to France by the Cuban Red Cross. This hospital unit will be equipped and manned exclusively by Cubans, with a staff of Cuban physicians and nurses, having been financed through the efforts of Mme. Mariana Sera Ade Menocal, wife of the president of Cuba.

Major George W. Crile has returned to the French war zone to resume work with the Lakeside Base Hospital Unit. While in this country Dr. Crile declared that his experience at the front had taught him that practically all of his preconceptions concerning surgery were wrong. What most astonished him was that mud could wound. A bullet striking the richly fertilized soil of Belgium or France would throw a splash of mud with such tremendous velocity that it would penetrate the skin, force a vast amount of mud into the hole and cause a nasty wound that sometimes proved fatal. Dr. Crile said, however, that soldiers at the front were so vigorous and well trained that they resisted infection far better than civilians.

The Journal is in receipt of a note from Dr. Arthur M. Hauer, Passed Assistant Surgeon, U. S. N., who, with Drs. Dodd, Forman, Reel, Williams and Hugger of Columbus, is located at the Naval Operating Base at Hampton Roads, Virginia, in medical charge of the Columbus Naval Unit. The men are enjoying the service and finding it well worth while.

First District Has Fine Meeting

The annual meeting of the First Councilor District Medical Society was held at Cincinnati on December 5 in the magnificent new home of the medical department of the University of Cincinnati. A good attendance from southwestern Ohio and the excellent program arranged by Councilor Robert Carothers combined to make it a profitable and enjoyable event. In the first place, the new college building was a revelation to many of the visiting doctors. As a physical plant for the training of medical students it is unsurpassed in this country and probably abroad. It is situated immediately adjacent to the magnificent Cincinnati General Hospital and its every appointment is in keeping with the main hospital plant—which, of course, insures to the students unrivaled clinical facilities.

The building was erected at a cost of nearly \$500,000 and houses all didactic work of the college; in fact, everything except pathology and bacteriology is offered there. Great care seems to have been devoted to each detail and sufficient money permitted the adequate development of the various ideas. The dissecting room, for example, contrasts startlingly with similar departments in other colleges. It is large, well lighted and "clean as a pin." Below, and connected by automatic hoisting devices, are the enormous aseptic tanks and cold storage departments which make it possible to preserve almost indefinitely the anatomical material supplied by the great hospital.

The guests at the meeting were served luncheon in the restaurant which is a part of the college, and their meeting was held in the beautiful new auditorium which is a part of the same building. Here and now we suggest that it is well worth a trip to Cincinnati to have the privilege of inspecting this college building and the amazing hospital plant it adjoins.

* * *

In the First District they devote two sessions to the program, offering varied material, and by clock work management carry through the meetings on schedule. In the morning, for example, in the amphitheatre of the General Hospital, interesting clinics were presented. Dr. Joseph Ransohoff discussed fractures of the skull; Dr. Herman H. Hoppe presented two patients with cerebellar tumors; Dr. Albert H. Freiberg discussed poliomyelitis, using splints in administering treatment; Dr. William Gillespie presented obstetrical patients and Dr. John C. Oliver conducted a brief surgical clinic.

In the afternoon Dr. A. C. Bachmeyer, superintendent of the hospital, gave a very interesting discussion of the future development of the modern hospital; Dr. J. C. Cadwallader of Norwood, medical member of the local draft board, presented an interesting resume of the medical phases of this work, devoting particular attention to procedures which he had devised in systematizing the task and in detecting malingersers; Dr. Andre Crotti of Columbus read a very interesting paper on goiter, dealing with the subject from the view point of the general practitioner, and outlined the various diagnostic points; Dr. Charles Louis Mix of Chicago, in an exceedingly interesting talk, discussed the four chief causes of heart disturbances; Dr. Martin H. Fischer of Cincinnati closed the program with an interesting discussion of the physiological principles involved in ordinary practice conditions.

Dr. Kelley Hale of Wilmington, president of the society, presided at the sessions, Dr. John D. Miller of Cincinnati acting as secretary. Dr. F. M. Pitton of Hamilton was elected president for the coming year and Dr. Eric Twachtman of Cincinnati was elected secretary.

Here is a Statement Covering the Expense of the Association for 1917, and the Budget Plans for the New Year

In accordance with the business-like plan of conducting the financial side of our Association work, the Committee on Auditing and Appropriations met in Cincinnati on December 15, and gave detailed consideration to the financial needs for the coming year, and worked out a definite budget which will serve as a basis for all expenditures during that period. Dr. Wells Teachnor of Columbus is chairman of the committee. The other members are Dr. James McClellan of Bellaire and Dr. W. B. Patton of Springfield. Dr. McClellan was unable to be present, but President E. O. Smith and Councilor Robert Carothers of Cincinnati met with the Committee.

Executive Secretary Sheridan, on behalf of Secretary-Treasurer Selby, who has been called to military service, presented to the committee a detailed statement showing the expenditures for 1917, and on behalf of the various committees which are authorized by the constitution to spend money, presented a detailed statement showing the probable needs of the Association for 1918.

Despite the fact that the state dues for 1918 have been increased one dollar, the committee was unanimous in agreeing that expenses during the coming year should be curtailed in every possible manner. The uncertainty of the future due to the probable continuance of the war makes this imperative. On the other hand it was the sense of the committee that it was most necessary at this time and particularly during the coming year, to continue every activity which has proved its definite value to the Association and to the profession.

During 1918 sharp retrenchment was made and the Association was thereby able to finish the year within its income, and with a substantial balance in the Medical Defense fund. If the membership for 1918 shows no material defection, a similar result may be expected during the new year.

For three years the Association has operated under a financial system that provides several checks on every penny expended. Under this plan and by virtue of a constitutional provision, the Auditing and Appropriations Committee has complete charge of all expenditures. It meets near the close of each year and reviews the expenditures of the past year in detail, and estimates the probable revenue for the coming twelve months. Upon the basis of this estimate, money is apportioned to each committee, and this amount may not be exceeded by any given committee or officer without specific authority based upon definite proof of such need.

The actual auditing of the Association's books is now done by two firms of certified public ac-

countants who have experts constantly in touch with the books. One firm audits the accounts of the Secretary-Treasurer in Toledo. A second firm audits the accounts of the State Association headquarters and *The Journal*, which are kept by Executive Secretary Sheridan in Columbus. The Auditing and Appropriations Committee reviews these audits and are thereby kept in complete touch with all receipts and expenditures.

Still further checks are provided. The method may be explained by the experience of a single committee. For example, the Legislative Committee is authorized by the Constitution to spend such money as may be necessary in its work of educating the public and legislators to the needs of proper legislation, and the danger of ill-considered measures. At the beginning of each year the Auditing and Appropriations Committee, after reviewing the expenditures by the Legislative committee covering a period of several years, and learning from that committee, through the Executive Secretary, the probable amount of work during the coming year, sets aside a definite sum which is the maximum amount which may be spent by that committee during the succeeding twelve months. The Secretary-Treasurer is advised of this amount, and is instructed to keep a running account of the expenditures of the committee so that when the maximum is reached, the fund will be automatically closed. Then as this committee incurs each separate item of expense, that item is billed, with the receipts attached, and is sent to the chairman of the Auditing and Appropriations Committee. Before it may be paid, it is necessary for him to scrutinize and evaluate the claim and approve it. When his signed approval is received by the Secretary-Treasurer, the check is issued.

Every month a detailed statement is forwarded to each officer of the Association, every member of council, and to each member of the Auditing and Appropriations Committee, showing the moneys received by the Secretary-Treasurer for the current month, the detailed amounts spent for each activity, and the balance in each particular fund. In this manner not less than twenty persons, representatives of every section of the state, are kept closely advised of the detailed expenditures and receipts as they are incurred.

There are several separate checks that are important. *The Journal* publishes from time to time during the year, the exact paid membership of each county society. This permits the officers of local societies to check their books with the state books, and prevents any discrepancy in

that direction. The auditors use these printed statements as a method of checking the state books. Furthermore, a separate check is now placed on income from dues under the new plan. The dues are collected from county society officers by Executive Secretary Sheridan at the Columbus office. This money is promptly deposited by him in a separate account in a Columbus bank. No checks may be drawn upon this account except to the order of the Secretary-Treasurer of the Association. At regular intervals these moneys are forwarded to the Secretary-Treasurer at Toledo. The auditors by checking the Columbus account with the Secretary-Treasurer's books and with the printed statements of the membership, are given complete control of the situation, and the slightest mistake immediately becomes apparent.

During recent years the expenses in connection with the state headquarters at Columbus, and particularly the expense of publishing *The Journal* have become so large that a separate audit of these books is necessary. This is very complete. Every month the Executive Secretary has prepared an itemized statement covering every single penny expended through his office for any and all purposes. Receipts are taken in each instance, and these are checked by the auditors. Copies of these statements are forwarded to officers of the State Association and to the Auditing and Appropriations Committee, so that they may have an itemized check of every single expenditure, and be kept in touch with the situation at all times. The business affairs of *The Journal* are similarly watched. Our volume of advertising has become a very considerable factor. The auditors take every issue of *The Journal* and charge the Executive Secretary with the advertising space used in that issue. They compel him to secure a written contract with each individual advertiser, showing the exact rate which that advertiser pays for each inch of space. If the receipts and accounts receivable do not check with the amount we should have received, the auditors must be shown the reasons thereof. For example: The Publication Committee occasionally donates advertising space to some charity—like the Red Cross Christmas Seal campaign. When the auditors swoop down upon us, we are calmly informed that our accounts are short and are compelled to prove to their satisfaction that no money was received from any source for the space so used. Inasmuch as the whole thing is before them in black and white, this gives the auditors control of the situation.

Likewise they check our expenditures. If they think, for example, we are paying more than a fair price for stationery, supplies, or service, they investigate market conditions and direct us to reduce such expenditure.

In this manner a complete outside check is afforded on every dollar spent by every person

connected with the Association. At the Springfield meeting it was suggested that *The Journal* print every month a statement of itemized expenditures. When it is learned that the income of the Association from dues and advertising last year was almost \$20,000 and that the expenditure of this amount embraced literally thousands of items, it was believed that such a plan would be useless expense and wasteful. On the other hand, every official connected with the Association is thoroughly appreciative of the fact that the money collected constitutes a public trust and that its proper expenditure should be accounted for to the satisfaction of every member of the Association. It is believed however, that this can better be done through paid certified public accountants whose integrity is unimpeachable and through small boards of officers than by the more cumbersome method. The books of the Association and of *The Journal* are open at all times to each member.

Although this statement was prepared early in December before the books for 1917 were closed, we are able to present a general resume of the expenditures for 1917.

The chief expense of the Association of course is the publication of *The Journal*. The Association in 1917 paid to the Stoneman Press for the actual printing of *The Journal*, about \$6,300. We paid by direct check to the postmaster for *Journal* mailing, \$223.65. The special envelopes in which *The Journal* is enclosed, and the special stationery printed and used by *The Journal*, cost \$304.45. In other words, the mechanical work of printing and delivering *The Journal* to 4,600 members, and to about 200 advertisers and "exchanges" cost about \$6,828.10.

The maintenance of the headquarters staff in Columbus through which all executive work of the Association is developed, cost last year, \$3,067.75. This included the salary of the advertising manager of *The Journal*, (Miss Haney) and the assistant news editor (Miss Gardner) and such additional clerical and stenographic help as was needed from time to time for special emergencies in connection with legislation, collection of dues, etc. This further included payment for a period of six months of \$125.00 a month, to Mr. C. E. Gillette, who prior to July 15 served the Association as assistant news editor and manager of the Workmen's Compensation Bureau. The financial stringency made it necessary to abandon this expense.

The Association pays Executive Secretary Sheridan an annual salary of \$4,000, for full time work, and to Secretary-Treasurer C. D. Selby of Toledo, an annual salary of \$1,000, for part time work. These are the only salaries paid to officers.

The rent of State Association headquarters in Columbus costs \$600 per year. Telephones,

long distance and local, cost \$120.00. Miscellaneous office equipment, which includes the purchase of mimeographing equipment and all office supplies necessary for the increasing work of the Association, cost last year about \$500. The annual expense for postage exclusive of the cost of mailing *The Journal*, which includes the mailing of membership cards, handling the large volume of correspondence in connection with the activities of the Association, and the issuance of thousands of circular letters on various points, cost last year in excess of \$650.00. It cost us \$210 to employ expert auditors, and the part of the expense of the annual meeting borne by the State Association was \$142.15.

The work of the Legislative Committee in dealing with the General Assembly which was in session for five months during the early part of 1917 cost \$418.54—less than half of the amount that has been expended in previous years for the employment of attorneys alone.

The work of the Medical Education Committee, which arranged for and conducted a series of fifteen public meetings throughout the state under the direction of Dr. W. D. Porter of Cincinnati, cost about \$360. The major portion of this amount was expended in the publication of Dr. Porter's address in pamphlet form. Dr. Porter's traveling expenses were paid, but that amounted to but \$100.00—an amount which we suspect is considerably less than the amount he spent.

The constitution provides that the Association shall pay the necessary traveling expenses of the President, Secretary-Treasurer, and members of Council in the fulfillment of their duties, but excepting attending annual meetings of the Association. During the present year President Smith's expenses totaled only about \$150—considerably less than he spent, while the total expenses for the ten members of Council amounted to only about \$420—which included the expense of councilor visits to county societies, and to the meetings held in Columbus. By resolution of the House of Delegates, the traveling expense of the Executive Secretary was ordered paid. An unusually large amount of traveling made necessary earlier in the year by the legislative needs, resulted in an expenditure of about \$300.

The only item of expense upon which we cannot give definite figures at this time is the cost of the co-operative medical defense work. There are several cases pending in various sections of the state, and the bills of these have not been submitted. At the beginning of 1917 the entire accumulated balance in the treasury was transferred to this fund. From the 1917 revenues \$1,050 was added to this amount, raising the total available for this fund at the commencement of 1917 of \$2,212.05. The Treasurer's statement of November 30 shows that prior to that time only \$315.15 had been actually paid

out, leaving a balance of \$1,796.90, but the unpaid bills will reduce this to about \$1,000 as representing the cost of this insurance for 1917.

Now turn to the receipts of the Association. The total paid-up membership, at \$3.00 per member on a basis of 4,600 members should have resulted in the receipt of \$13,800, but it must be remembered there are 21 life members included in this number, for which the Association receives no dues, and further that the dues of a portion of these 4,600 were received on a pro-rated basis for members admitted after July 1, 1917. Until the books are closed, the exact figures are not available but in round numbers the gross receipts from membership for 1917 were about \$13,720.

The Association has two other sources of income. We have a few paid subscribers to *The Journal*—medical men residing in other states, nurses, public health workers, etc. The income for these subscriptions in 1917 was \$110. The net income from all advertising sources, less discount and commissions, was about \$5,630. The total income of the Association, therefore, from these three sources is in round numbers, \$19,460. You will note that we have accounted for expense totaling \$18,583.18 and that at the first of 1917 there was a treasury balance of approximately \$1,000, which was transferred to the Medical Defense fund. This means that by heavy retrenchment during the last six months of 1917, the Association was able to keep its actual expenses slightly under its receipts, and to preserve the treasury balance of \$1,000, which will be continued in the Medical Defense fund. This may be better expressed by the following recapitulation:

Income.

Balance on hand, January 1, 1917.....	\$ 1,000.00
Receipts from membership dues for 4,600 members less life members and pro-rated members.....	13,720.00
Receipts from miscellaneous paid sub- scriptions to <i>Journal</i>	110.00
Net Advertising Receipts.....	5,630.00
	<hr/>
	\$20,460.00

Expenditures.

Journal Printing	\$6,300.00
Journal Mailing Envelopes....	304.45
Journal Postage	223.65
State Headquarters Office Sal- aries and stenographic help, exclusive of Ex. Secy.....	3,067.75
Executive Secretary salary.....	3,666.64
Secretary-Treasurer salary.....	1,000.00
Rent Columbus Headquarters..	600.00
Telephone Service.....	120.00
Supplies and Equipment.....	500.00
General Postage for all pur- poses except Journal mailing	650.00

Auditors	210.00
Annual Meeting	142.15
Legislative	418.54
Medical Education.....	360.00
President Expense.....	150.00
Councilor Expense	420.00
Secretary-Treasurer Expense..	150.00
Executive Secretary Expense	300.00
<hr/>	
	\$18,583.18
Balance on hand January 1, 1918, to be transferred to the Medical Defense Fund	\$ 1,876.82

In considering budget appropriations for 1918 the committee, of course, took into consideration the fact that we receive \$4.00 instead of \$3.00 from each member, and that if the Association membership is maintained, the gross revenue for 1918 will be increased by about approximately \$4,500.

In view of this the committee voted to double the amount set aside for medical defense and to allow the Executive Secretary's office \$500 for the employment of additional clerical help to again establish a Bureau through which medical claims arising in connection with workmen's compensation may be adjusted. Other readjustments were made. Following the usual course, the budget for 1918 was made on a basis of an expected membership of 4,200 in 1918, with the provision that the membership receipts in excess of 4,200 are to be paid into the contingent fund. The budget was made on the basis of a division of each membership fee collected. From the \$4.00 a certain number of cents was set aside for each activity. The schedule of these apportionments was finally announced by the committee as follows:

Activity.	Cents.	Amount.
Journal	1.22	5124.00
Secretary-Treasurer Salary		
and Expense .....	.30	1260.00
Executive Secretary Salary....	.95	3990.00
Executive Secretary Expense..	.10	420.00
President Expense .....	.02½	105.00
Councilor Expense .....	.15	630.00
Annual Meeting .....	.02½	105.00
Auditing and Appropriations..	.05	210.00
Legislative .....	.08	336.00
Medical Education .....	.10	420.00
Medical Defense .....	.50	2100.00
Stationery and Supplies.....	.07½	315.00
Postage and Telegraph.....	.15	630.00
Bureau of Workmen's Compensation .....	.12½	525.00
Contingent Fund .....	.15	630.00
<hr/>		
	4.00	16,800.00

You will note that this budget amply provides for Medical Defense protection, gives us an advance legislative fund for work preliminary to the session of the General Assembly which con-

venes in 1919, provides for the extension of Medical Education work, and for a continuous and further development of the present activities, and the continued operation of *The Journal* on its present basis.

This general summary of the financial status of the Association is presented for the information of our members. By the time this *Journal* reaches you the detailed auditor's statements for the year, re-enforcing these figures, will be available and further investigation is invited.

Small Advertisements of Interest

For Sale—Small private hospital (long lease on building), city of 30,000 with no public hospital and no surgeon of limited practice. Will introduce purchaser to fifty or more general practitioners who will support a competent up-to-date surgeon. Address W., care of *The Journal*.

For Sale—\$40.00 McIntosh "Elaborate" 27-cell, Galvanic and Faradic battery, with improved milliamperemeter. Same as new excepting cells must be renewed (\$9.45). Price \$15.00. Dr. J. G. Grant, 406 Everett Block, Akron, Ohio.

Medical Book Salesmen—Excellent proposition for a live salesman. Territory Ohio or New York. P. Blakiston's Son & Co., Publishers, Philadelphia.

It is believed that the government will issue orders to all the heads of medical colleges now in the service of their country to return to their school work, with the idea that they can better serve their country by instructing students than by work on battlefields. Dr. E. F. McCampbell, dean of the College of Medicine at Ohio State University, is now acting as an inspector of sanitary conditions of army camps east of the Mississippi.

The Benevolent and Protective Order of Elks is raising a fund of a million dollars for the establishment of a series of reconstruction hospitals in the rear of the American lines in France. The Elks are planning the erection of such a hospital in Boston at a cost of \$250,000. In addition to this work, the Elks' War Relief Commission has completely equipped two base hospitals, one from the University of Virginia and the other from the University of Oregon.

Dr. John J. Orton of Randolph, Ohio, has advised the Surgeon General that despite the fact that he recently passed his fifty-ninth birthday he is willing to waive the the military age limit and to accept active service. Dr. Orton's great grandfather served in the Revolutionary War and his older brother was a veteran of the Civil War. It seems to run in the blood.

Investigation at Longview Directs Public Attention to Lack of Medical Care in State Hospitals for Insane

One of the perennial "newspaper scandals" that at regular intervals seem to descend upon the state hospitals for the insane, developed in Cincinnati during November and brought about an official investigation of the treatment of the patients at Longview Hospital, one of the nineteen institutions maintained by the state and operated under the general direction of the Board of Administration.

This investigation, although undoubtedly it will seriously hamper the administration of this particular hospital, has served one valuable purpose: It has brought to the attention of the people—of southern Ohio at least—the undeniable fact that the state in caring for its thousands of insane and deficient wards is directing practically all of its attention to the physical management of the plants in which they reside, and little or no attention to the far more important factor of medical attention.

The Longview "sensation" developed following the death of an insane patient and the subsequent investigation by Coroner A. C. Bauer of Cincinnati, which resulted in the arrest of two male attendants upon the charge of causing the death through brutality. Later, other attendants were involved. County Judge Nippert immediately ordered an investigation of the institution and secured the services of a large staff of Cincinnati physicians who conducted a physical examination of each inmate with a view of uncovering further cases of brutality. *The Journal* has had no means of ascertaining the merit of these allegations, but the general consensus of opinion seems to be that the institution was well managed from a physical standpoint and that the chief defect developed was the pitiful lack of medical attention afforded the 1600 mentally and physically sick patients who have been committed to the care of the state.

Dr. Frank W. Harmon, superintendent of the hospital, is in no way to blame. On the other hand, he should receive great credit for the results he has obtained under existing conditions, but every physician who is familiar with the state's policy in caring for the insane condemns that policy. *The Journal* has issued periodic objections for years, but it is only in instances such as the Longview investigation that public attention is directed toward the conditions.

The Cincinnati *Enquirer* of November 19 illustrated this point when, in commenting upon the reports made by the physicians who examined the patients at Longview, it declares that little basis was found for the charges of cruelty but adds:

"The burden of the comment from the physicians centers in harsh criticism of the lack of medical attention and nursing provided for the

patients. They are a unit in recommending a larger staff of physicians and the employment of more trained attendants.

"One physician referred to Longview Hospital as 'not a hospital for the mentally unsound, but as an insane asylum.'

"Another one embodied in his report the statement: 'A patient gets well if nature does it for him.'

"Still another expressed himself in similar vein when he wrote: 'Patients are sent out there to die unless God cures them'."

Coroner Bauer in a preliminary report upon the investigation is quoted as follows:

"The investigation warrants the statement the institution is in first-class condition, from a standpoint of sanitation, cleanliness and health.

"The wards are in good condition and the food is up to the standard.

"However, the majority of the reports show a woeful lack of physicians and nurses. Only two physicians are employed to administer to 1,600 mentally ill, and, in many cases, physically disabled inmates. The United States Government provides one physician to every 100 soldiers in the army. The large majority of those soldiers are able-bodied, robust, healthy men. Yet, at Longview, there is one physician for 800 inmates, mentally and physically afflicted."

* * *

If this public scandal and newspaper publicity will be instrumental in bringing the State Board of Administration to a realization of the crime it is committing in permitting thousands of wards to be kept in these huge institutions with little or no attention to the therapeutic measures so necessary in the treatment of mental disorders, the Longview incident will be a blessing. *The Journal* on frequent occasions has called attention to this condition which by no means is confined to Longview. Furthermore, our criticism is in no way a reflection upon the medical men who are in charge of our great state institutions. Nor is it critical of the few staff men who are employed in these hospitals to look after these unfortunates. It is intended as a very real criticism against the administrative officers of the state who permit these conditions to obtain year after year, and are snugly satisfied if the cost of maintenance can be shaved a few pennies per patient.

For years the medical treatment of the insane in this state has received less and less attention. It is difficult to place the actual blame. Part of it may be lodged with the members of the Board of Administration—all business men to whom probably the cost of maintenance looms far larger than the factor of physical rehabilitation. But back of them and probably guiltier in greater degree are the legislators who year after

year refuse to increase appropriations that would make possible increased medical attention and better research facilities.

The meagre salaries which the state allows to hospital physicians makes it practically impossible for the various institutions to retain in service even the few physicians the present schedule authorizes, and if the cost of medical attention increases this scarcity will be further emphasized. In other words, the situation demands radical changes in the policy of our state toward its unfortunates.

The Journal again calls the attention of Governor Cox to the objection it advanced editorially some months ago when he appointed a layman to the State Board of Administration to succeed Dr. Shepherd, thereby violating the spirit of the act under which the board was created during Governor Harmon's administration. Certainly there should be at least one physician on the State Board of Administration. At the time we expressed the fear that our hospitals, after continuance of this penny-pinching policy, would become insane asylums rather than hospitals for the treatment of the insane. The Longview incident seems to bear out our gloomy prediction.

The Cincinnati Academy of Medicine has indicated that it is keenly alive to the situation. At a meeting on November 19, while the investigation was pending, the matter was formally discussed, and it was agreed that this might offer an opportunity to bring the state to realize the extreme need for better medical service in these institutions. President John H. Landis was authorized to appoint a committee to represent the academy in conducting an independent investigation of affairs at Longview. This committee, which is now at work, includes Drs. George Fackler, J. C. Oliver, J. M. Withrow, Louis Schwab and David Wolfstein. Upon this report will be based recommendations to the State Board of Administration for improvements at Longview and in other state hospitals.

The special report of findings in the Longview Hospital situation, which was returned to Judge Nippert on December 5, seems to bear out and reinforce our contentions in regard to lack of medical care. The investigation covered nineteen days and included the examination of 104 witnesses. Six indictments against attendants were returned—two for murder in the first degree and four charging assault with intent to kill. But, from a medical viewpoint, other findings and recommendations of this jury are much more important. It charges that the board of directors, while having ample knowledge of matters pertaining to business management, exhibited "a lack of knowledge of the treatment and condition of the patients, violation of rules, medical treatment of patients, the administering of narcotics and burial of the dead."

The jurors further found that "there are only

two doctors in charge of about sixteen hundred patients; and their duties in addition to the care of the patients consist in preparing prescriptions, care of the stock of drugs, making out requisitions for the same, making and keeping records of the condition of the patients, answering all correspondence of friends of patients, and a number of other duties which are non-medical."

Other findings were to the effect that attendants seldom call the doctors at night in case of sudden illness of patients; that attendants use their own judgment in giving medicine to patients; that Longview "is not a hospital but a place for the detention of the insane;" that the medical phase of the management is as bad as the domestic science phase is good; that the teeth of most patients are in bad condition; that there are some bad cases of hernia among the inmates, no trusses being furnished; that there are cases of varicose veins, no rubber stocking being provided; that there are several cases of cancer of the breast, with no segregation provided; that no medical charts of the condition of the patients are kept; that the attendants have no clinical thermometers; that syphilitic and tubercular patients are kept in the same ward, are bathed in the same tub on the same day and are shaved on the same day by attendants of the ward.

The jurors found, however, that many patients were happy and contented; that narcotics, liquors and wines are not given to excess, and that no evidence of excessive use of hypodermic injections was disclosed.

The report further points out that no neurological or laboratory work is being done and contrasts the situation with that in similar institutions in New York and Massachusetts, where, for the same number of patients, staffs of from eight to ten physicians operate under a competent psychiatrist, and where constant laboratory and research work is given the first consideration. The grand jurors in their report made four important recommendations, as follows:

First: that the state appropriate sufficient funds to operate the institution on a modern, up-to-date scientific basis;

Second: that the state employ a competent psychiatrist to make a survey of Longview Hospital and to make a report of its condition and needs to the State Board of Administration;

Third: If the state fails to employ a psychiatrist to survey the situation, that the state then make an appropriation and employ at Longview a competent psychiatrist who shall be in charge of the medical side of the institution and have under him a staff of eight or more neurologists, also a sereologist and pathologist, and that a modern laboratory be installed at once;

Fourth: that the tubercular, cancerous and syphilitic patients be segregated.

In conclusion, the jury asked the state board of administration to take over complete charge of Longview and called the board's attention to the fact that special attention must be given to

the insane hospitals of the state during the present war because of the material increase in mental conditions that will directly result from the war.

In Workmen's Compensation Act Cases Where Fees May Exceed \$200, Advance Schedule Must be Filed

If you are caring for a case coming under the workmen's compensation law, and are expecting remuneration from the Industrial Commission, and it is probable that the total expense for hospital, nurse and medical attention may exceed \$200.00, file a statement setting forth such facts with the Medical Department of the Commission, and request authority to proceed with the treatment.

The Legislature modified the law (effective July 1, 1917) and provided that in unusual cases the Commission might, by unanimous vote, exceed the \$200.00 limitation, but the Commission had adopted the following formal resolution which will govern its action in these cases:

"In unusual cases wherein the sum of \$200.00 is not sufficient to pay the cost of medical, nurse and hospital services and medicines, before any additional sum therefor shall be disbursed from the state insurance fund, it shall be clearly shown to the Industrial Commission that such additional medical, nurse and hospital services and medicines are necessary, together with the probable cost thereof, and no expense on account thereof shall be incurred unless the same is first authorized by said Commission."

Dr. W. H. White, the Commission's chief medical examiner, and Executive Secretary Sheridan, representing the Association, appeared before the Commission on two occasions and requested modification of this ruling—but for the time being, at least, it will stand.

We suggest that you read it carefully, and act in accordance with its stipulations. If you file your advance schedule of the case and receive authorization to proceed, it practically will assure the payment of your fee.

In recent years these pages have carried frequent criticisms of the management of the State Workmen's Compensation fund by the Industrial Commission of Ohio. It is, therefore, pleasant to be able to offer honest commendation, and we believe that the Commission's recent action in revising the medical fee bill, and granting increases in many instances, merits such commendation.

Through the medical press we keep in touch with the experience of doctors in other states with similar compensation funds. We believe that conditions in Ohio are better than in any other state—that doctors in Ohio are being paid on a more nearly just basis.

The most important factor in this is the policy

of the Ohio Commission to pay the doctor directly for the treatment. In almost every other state the injured employe is paid a lump sum, and is expected to pay the doctor from this award. We all know that in many of these cases the doctor is permitted to "hold the bag."

The result of the Commission's far-sighted policy in this regard is that it is able to command the services of the better physicians in the state. There are exceptions, of course, but today very few doctors in Ohio refuse to care for Commission cases. Two years ago, in traveling over the state, the writer heard incessant criticism of the fund. Today the complaints are rare.

Doctors are coming to realize that if they are to receive a fair fee for their work, they must conform to the requirements of the Commission. Reports must be made out accurately. The fee bill must be followed in normal cases, and any deviation from the normal must be explained in writing. If these points are watched, the fairly prompt payment of the claim may be expected.

We suggest that you obtain a copy of the Commission's new fee bill and keep it on file. You may secure same by writing either to the Commission or to Executive Secretary Sheridan.

Dr. William H. White, Medical Director of the Commission, is largely responsible for the adoption of the revised fee schedule. Representatives of the State Association supported him and aided in securing its adoption. In the negotiations we found the members of the commission—Mr. Duffy and Mr. Eliot—ready and even anxious to meet any fair demand of the profession. They are realizing, in increasing degree, that in the management of the state fund best medical attention is the cheapest.

RESEARCH SOCIETY ELECTS.

The Cincinnati Research Society elected the following officers for the year 1918: President, Dr. J. L. Tuechter; vice-president, Dr. M. L. Heidingsfeld; secretary-treasurer, Dr. Raphael Isaacs; executive committee, Dr. J. C. Oliver and Dr. F. W. Mitchell.

—A health survey of the children in the Sandusky public schools was made, December 13, under the direction of Dr. Frances M. Hollingshead, chief of the Division of Child Hygiene, State Department of Health, assisted by local physicians.

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MEETINGS OF COLUMBUS ACADEMY OF MEDICINE

(Report by Ivor G. Clark, M.D., the Secretary)

At the regular meeting of the Columbus Academy of Medicine, Monday, November 19, Dr. J. F. Lyman, of the State University, gave an interesting and thoroughly prepared paper on the "Present Status of Knowledge of the Vitamines." He showed two mice six weeks old, both of which had a well balanced diet, but in which cocoa butter, in a small amount, was added to the diet of one mouse and butter fat, in an insignificant amount, to the other. The butter fat mouse weighed 25 grams more than the cocoa butter mouse. Milk, egg yolk and cod-liver oil are highly endowed with the growth promoting vitamins. Dr. A. M. Bleile discussed Dr. Lyman's paper.

Dr. G. A. Sulzer contributed a discussion on "Some Features of Eye Fatigue of Interest to the General Practitioner," and developed a close analysis of the source of headache and the cause of frequent failure to relieve the headaches due to the eyes by means of glasses. Discussion by I. G. Clark.

The meeting of November 26, was devoted to the description and discussion of a large number of cases presented by Drs. R. R. Kahle, Andre Crotti, W. F. Bay, S. A. Hatfield and C. D. Hoy.

The following is a program of the cases presented: Omental closure of large opening in stomach; two cases of tuberculosis of the intestines; head injuries followed by unusual sequelae; carcinoma of the lung; carcinoma radius, and osteitis fibrosa cysticus.

Monday night, December 3, Dr. H. M. Platter presented the resolutions as adopted by the special committee to the committee of twenty, at the meeting of the physicians of Franklin County and the Columbus Academy of Medicine. Dr. E. J. Wilson moved that the recommendations be adopted and the motion was seconded and passed. Dr. J. F. Baldwin moved that the president of the committee of twenty be empowered to select seven members of the trust fund committee to administer the fund.

At the joint meeting of the Columbus Academy of Medicine and the physicians of Franklin County, the resolutions recommended by the committee of twenty were read and various points arising in connection with the plan to grant insurance were discussed.

Dr. C. W. McGavran moved that the resolutions be adopted and the motion was passed unanimously.

COUNTY SOCIETIES

FIRST DISTRICT.

Butler County Medical Society met in the Y. M. C. A. auditorium at Hamilton, November 21. The program was as follows: Importance of Vital Statistics, Dr. John E. Monger, Columbus; Technique of Local Anesthesia, Dr. Charles T. Souther, Cincinnati; Report of the Clinical Congress Meeting at Chicago, Dr. Louis H. Frechtling, Hamilton. (From a news clipping.)

Clinton County Medical Society held an interesting meeting in Wilmington, November 22. Dr. Robert Carothers and Dr. Magnus Tate of Cincinnati addressed the society, the former taking "Rheumatism" as his subject, and the latter discussing rare diseases and peculiar cases which have come to his notice as a physician. (From a clipping.)

SECOND DISTRICT.

Clark County Medical Society elected the following officers for 1918 at its regular meeting in Springfield, December 10: President, W. C. Taylor; vice-president, R. C. Hebble; second vice-president, C. G. Augustus; secretary, J. H. Rinehart; treasurer, F. P. Anzinger. Preceding the election, Dr. J. A. Link read a paper on "Advanced Surgical Practices Developed by the War."

Greene County Medical Society held its regular monthly session in the auditorium of the Xenia Business Men's Club, December 7. Officers were elected for the coming year: President, W. H. Finley; vice-president, M. I. Marsh; secretary-treasurer, H. C. Messenger. (From a news clipping.)

Miami County Medical Society held its annual election of officers at Piqua, December 7: President, R. L. Kunkle, Piqua; vice-president, J. H. Prince, Piqua; secretary-treasurer, R. D. Spencer, Piqua; member of the board of censors, H. W. Kendell, Covington; delegate to state convention, H. R. Pearson, West Milton; alternate to state convention, S. D. Hartman, Tippecanoe City.—R. D. Spencer, Correspondent.

Montgomery County Medical Society elected the following 1918 officers at its meeting on December 7: President, L. G. Bowers; vice-president, W. H. Riley; secretary, B. C. West; treasurer, E. H. Mallow; state delegate, Geo. Goodhue; alternate, C. N. Chrisman. An amendment to the constitution requiring honorary members to pay dues was adopted. More than 100 members were in attendance. (From a news clipping.)

Shelby County Medical Society, meeting in regular monthly session at Sidney, November 1, passed resolutions to pay from the society treasury the dues of members who are in active military service. The annual dues were raised to \$6.00 to provide for this expense.—O. O. LeMaster, Correspondent.

The December meeting of the society was held at the court house, December 6. The following officers for 1918 were elected: President, J. W. Costolo, Sidney; vice-president, L. C. Pepper, Sidney; secretary, O. O. LeMaster, Sidney; treasurer, B. M. Sharp, Sidney; censor, B. E. Johnston, Sidney. (From a news clipping.)

THIRD DISTRICT.

Allen County Medical Society elected the following officers for 1918 when it met in regular monthly session, November 20: President, J. B. Poling, Lima; vice-president, H. A. Thomas, Lima; secretary, F. P. Stafford, Lima; treasurer, E. G. Burton, Lima; member of the board of censors, G. A. Bachmeyer; delegate to state convention, George Clayton, Lima. At this meeting Dr. Harry Noble of St. Marys gave an interesting talk on "Internal Secretions."

On December 4 the Allen County Society entertained members of the Putnam, Van Wert, Auglaize, Logan, Mercer, Hancock and Hardin County Societies at the Lima Chamber of Commerce. Dr. Martin H. Fischer, professor of physiology at the University of Cincinnati, lectured on "Edema and Nephritis."

Hancock County Medical Society met at the home of Dr. Nelia B. Kennedy, December 5, and elected officers for 1918 as follows: President, N. L. MacLachlan, Findlay; vice-president, A. E. King, Mt. Cory; secretary, Nelia B. Kennedy, Findlay; treasurer, E. J. Thomas, Findlay; state delegate, M. A. Darbyshire, McComb; alternate, W. J. Zopfi, Findlay; censor, W. J. Zopfi, Findlay. Cases were reported by several members and the evening was spent in a general discussion of medical and surgical cases. (From a news clipping.)

FOURTH DISTRICT.

Sandusky County Medical Society met November 30 in the council chamber at Fremont for the regular monthly session. The feature of the meeting was a paper on "Disorders of the Stomach," read by Dr. W. H. Booth of Lindsey, Ohio. Eleven members were present. (From a news clipping.)

Wood County Medical Society elected the following officers for 1918 at its meeting on December 13: President, M. H. Bowers, Perrysburg; secretary-treasurer, F. D. Halleck, Bowling Green.—A. A. Babione, Correspondent.

Logan County Medical Society, meeting in regular monthly session in Bellefontaine, December 7, elected the following officers for 1918: President, J. P. Harbert, Bellefontaine; vice-president, J. C. Bondley, Big Springs; secretary-treasurer, Guy J. Kent, West Liberty; state delegate, R. C. McNeill, Belle Center; alternate, Carrie Richeson, Bellefontaine. The program follows: "The Cancer Problem," Dr. W. C. Pay, Bellefontaine; A medical topic, Dr. R. C. McNeill, Belle Center.—Guy J. Kent, Correspondent.

Marion County Medical Society held its regular monthly meeting and the annual election of officers, December 4, in the Marion public library. After the routine business was finished the following officers for 1918 were elected: President, D. W. Brickley, Marion; vice-president, B. D. Osborn, Waldo; secretary-treasurer, F. V. Murphy, Marion; censor for three years, M. B. Newhouse, Marion; state delegate, D. O. Weeks, Marion; alternate, J. W. McMurray, Marion; delegate on medical legislation, R. C. M. Lewis, Marion. The next meeting will be held January 1. (From a news clipping.)

FIFTH DISTRICT.

Lake County Medical Society members were the guests of Dr. M. D. Caldwell of Fairport, on December 3 for the regular monthly session. The society met in body at the Parmly Hotel, Painesville, and went in automobiles to Dr. Caldwell's office, two miles north, on the lake. The report of the nominating committee was read and the following officers elected for 1918: President, V. N. Marsh, Painesville; vice-president, M. D. Cadwell, Fairport; secretary-treasurer, E. S. Jones, Painesville; medical defense committeeman, M. W. Carpenter, Willoughby; state delegate, J. V. Winans, Madison; alternate, V. M. Tuttle, Madison; member of auxiliary legislative committee, A. P. Brady, Painesville; board of censors, C. O. Hudson (1918), J. R. Davis (1919), M. H. Carmedy (1920). The board of censors reported two new members: Dr. W. P. Ellis of Thompson and Dr. Gertrude King of Painesville. Dr. J. J. Thomas of Cleveland gave a splendid address on "Infant Feeding." By vote of the society it was decided to request publication of this paper in *The Journal*, so no attempt at an outline will be given here. The society was then turned over to Dr. Cadwell, who had provided a most appetizing lunch, and how the fellows did enjoy it! Music was furnished by the Fairport "Jazz Orchestra." The next meeting will be held on January 7.—E. S. Jones, Correspondent.

Lorain County Medical Society met in Lorain at the K. of P. Hall, December 11, at five o'clock dinner, with places arranged for 20 members present. This being the occasion of the annual

session, the following officers were elected: President, R. C. Meek, Lorain; vice-president, David Thomas, Lorain; secretary-treasurer, C. O. Jaster, Elyria; state delegate, H. W. Powers, Amherst; alternate, C. O. Jaster, Elyria. Drs. Fred Martsof and D. D. Grimm, both of Lorain, were admitted to membership. The society voted to raise \$50.00 for the Matson Memorial Fund instead of the \$20.00 apportioned to the county. To supplant, in part, the loss from practice income of doctors who go into Army service, our society decided to endeavor to collect \$10.00 from each physician in the county, both in the society and without, as a patriotic contribution toward this fund for December.—C. O. Jaster, Correspondent.

Portage County Medical Society met in regular session at the office of Dr. B. E. Gorham, Kent, December 13. Owing to inclement weather the attendance was small. A resolution was passed to provide for the payment of state dues of members in military service by the county society, and the matter of giving a percentage of fees, for services rendered to patients of such members, to his family was favorably discussed but no definite action taken. Dr. J. H. Krape of Kent gave an informal talk on his recent experience in the post-graduate hospitals of the East. The annual meeting will be held on January 10 at the office of Dr. W. W. White, Ravenna.—W. B. Andrews, Correspondent.

SIXTH DISTRICT

Stark County Medical Society, at the meeting held November 20, raised the dues of the society from \$3.50 to \$5.00 per year. A discussion was held on the advancement made in military surgery in the present war and the various treatments for soldiers' wounds. These physicians participated in the program: W. Wylie Scott, D. S. Gardner, L. T. Santee, J. Frank Kahler, L. B. Zintsmaster, J. F. King, C. A. LaMont, A. C. Brandt and J. C. Marchand. (From a news clipping.)

Summit County Medical Society held its annual meeting in Akron on December 4. The attendance numbered 60 from Akron, Barberton, Cuyahoga Falls and Kenmore. New members admitted are: P. A. Davis, E. B. Dyson, C. H. Dean, J. E. Stewart, W. L. Fox, S. Greenfield, C. H. Bair, R. S. Hosler, all of Akron; J. L. Courtright of Cuyahoga Falls, and J. W. McCreery of Kenmore, making a total membership of 242. Two applications were presented. The report of the building committee was accepted.

For the election of officers, past president D. S. Bowman, who presided, appointed L. E. Brown and T. D. Hollingsworth as tellers. Officers elected for 1918 are: President, W. S. Chase; vice president, J. M. Denison; secretary, A. S. McCormick (6th term); treasurer, T. D. Hol-

lingsworth, (2nd term). Committees follow: Board of Censors—T. K. Moore, chairman; J. N. Weller, H. H. Jacobs. Health and Legislation—C. S. Hiddleston, chairman; J. M. Denison, W. Wilson. Library—J. H. Seiler, chairman, (14th term); D. S. Bowman (7th term). Delegates—D. H. Morgan, L. E. Brown. State Legislation—H. S. Davidson, (3rd terms). National Legislation—W. A. Searl, (7th term).

The report of the treasurer showed a balance of \$68. The auditors, J. D. Smith and C. W. Millikan found the amount correct. The report of the secretary showed 242 members. New members admitted numbered 35 and losses were one resigned and five by death. The attendance surpassed all records, being 767 total, an average of 64. The society is the oldest, best and fourth largest in Ohio. To date 17 members are in the service of the U. S. A., France and Canada, 11 have commissions and 32 more volunteered, of whom 10 were rejected for physical defects.—A. S. McCormick, Correspondent.

SEVENTH DISTRICT

Belmont County Medical Society met December 5 at the Commercial Club rooms in Bellaire with 23 members in attendance. The proposed increase in fees for medical attention was discussed and the following committee appointed to revise the present fee bill: Drs. D. T. Phillips, Barnesville; C. B. Messerly, Martins Ferry; P. L. Ring, Shadyside, and J. S. McClellan, Bellaire. (From a news clipping.)

Tuscarawas County Medical Society held its annual meeting in Uhrichsville, December 4, and elected the following officers for the coming year: President, G. B. Kistler, Newcomerstown; vice-president, E. D. Moore, of New Philadelphia; state delegate, E. D. Moore; alternate, A. C. Dempster, Uhrichsville; censor for three years, A. C. Dempster; legislative committeeman, J. A. McCollam, Uhrichsville; medical defense committeeman, J. E. Groves, Uhrichsville. There was no program for this meeting.—G. T. Haverfield, Correspondent.

EIGHTH DISTRICT

Licking County Medical Society, meeting in Newark on November 29, enjoyed a program consisting of an interesting symposium on "Cholecystitis." Dr. H. H. Postle discussed "The Symptoms and Differential Diagnosis;" Dr. W. E. Shrontz "The Medical Treatment," and Dr. W. B. Nye "The Surgical Treatment." After the program the annual business meeting was held and the following officers elected for 1918: President, Willard C. Rank; vice-president, Harry E. Hunt; secretary-treasurer, W. E. Shrontz; delegate, J. G. Shirer; censors, J. C. Loveless, H. B. Anderson and Carl Evans.—Harry E. Hunt, Correspondent.

NINTH DISTRICT

Scioto County—Twenty-two members of Hempstead Academy of Medicine enjoyed the annual banquet held at Washington Hotel, Portsmouth, December 10. Dr. J. D. Jordan acted as toastmaster. Other addresses were "The Past Year," Dr. D. N. Hopkins, vice-president; "Patriotism and the Doctor," Dr. P. J. Kline; "Dead Heads and Deadbeats," Dr. C. W. Wendelken; "Extemporaneous," Dr. A. L. Test; "The Doctoring Business," Dr. C. S. Early; "Experiences of a Doctor on a Conscription Board," Dr. S. S. Halderman; "A Physician's Duty to the Community as an Educator," Dr. Ira Martin; "A Health Officer's Experience," Dr. W. W. Smith. Dr. H. A. Green, a newcomer to Portsmouth, made a short talk. Dr. M. L. Heidingsfeld of Cincinnati, who was scheduled for an address, was unable to be present.

The annual election of officers took place in the afternoon and resulted as follows: President, D. N. Hopkins; vice-president, J. W. Daehler; secretary-treasurer, O. D. Tatje; censors, William Ray and J. N. Fitch; state delegate, S. S. Halderman; alternate, A. L. Test; legislative committeeman, S. B. McKerrihan. Dr. Fishbaugh was elected to membership. A committee was appointed to draft suitable resolutions to look after the practices of those who have enlisted and gone, to give to them a part of the fees collected and turn the patients back to them on their return.—O. D. Tatje, Correspondent.

TENTH DISTRICT

Crawford County Medical Society held its annual banquet at the Deal House, Bucyrus, December 7, with 18 members present. After the banquet there was a short business session, with Dr. F. M. Virtue acting as chairman. The following officers for 1918 were elected: President, W. G. Carlisle, Bucyrus; vice-president, C. D. Morgan, Galion; secretary-treasurer, C. H. King, Bucyrus; state delegate, C. D. Morgan; alternate, C. A. Ulmer, Bucyrus; censors, Drs. Gueiss, Martin and Agnew. The dues were raised to \$8.00 for the society and practically all of them were paid. The reason for the increase in dues was to take care of the men who are in military service. The society subscribed \$28.00 for the Matson Memorial Fund, an over-subscription of \$3.00.—W. G. Carlisle, Correspondent.

Ross County Medical Society met December 4 and elected the following officers for 1918: President, Frank T. Marr; vice-president, Glenn Nisley; secretary-treasurer, L. D. Rickey; censor, C. D. Leggett; legislative committeeman, R. E. Bower; alternate, J. M. Hanley, all of Chillicothe. Arrangements were made for the payment of the dues of those in the United States service from the society treasury.—R. E. Bower, Correspondent.

That Annual Fish Dinner at Pt. Clinton

Since the writer has been connected with the State Association he has heard each year of the annual fish supper that has been given by the Ottawa County Medical Society. Northern Ohio physicians who have been favored by invitations have been enthusiastic in their praise of this event, and this year when an invitation was extended by Dr. H. J. Pool of Port Clinton, he (the writer) arranged to be in the immediate vicinity at that time. He herewith bears testimony that it was up to advance notices in every particular.

Port Clinton is peculiarly favored in this respect. It is one of the important fishing centers on the Lake and in the late fall the catch is at its best. When we sat down to the dinner and faced a beautiful white fish, planked in an appetizing manner, we thought that the dinner was entirely successful; but when the succeeding courses presented other and increasingly palatable varieties our enthusiasm increased. The secret of Port Clinton fish dinners is the fact that its fish are smoked and served on the day they are caught.

As a medical gathering this affair was a complete success. Prior to the dinner Dr. C. A. Hamann of Cleveland lectured at the City Hall, dealing with infections of the gall bladder. After the dinner there was a general discussion of matters affecting the medical profession. Captain W. F. Marting of Ironton and several other army physicians stationed with the troops at Camp Perry were guests of the evening and they gave the civilian physicians interesting side-lights on the Army Medical Service, pointing out particularly that improvements in this service must be urged by the doctors who remain at home. Practical legislative subjects, including consideration of the proposed state sickness insurance plan, were discussed by other members. The attendance numbered about fifty from Cleveland, Toledo, Sandusky, Fremont and other northern Ohio cities. Our very good friend, Dr. S. T. Dromgold of Elmore, served as toastmaster and generally assisted Dr. Pool in making the evening a success. The guests left with a warm spot in their hearts for the Ottawa County Medical Society, and the fish dinner served by the Island House.

BOOKS RECEIVED.

Surgical Nursing in War, by Elizabeth R. Bundy, M. D., member of Medical Staff, Woman's Hospital, Philadelphia, etc. P. Blakiston's Son & Company, 1012 Walnut St., Philadelphia. Price 75 cents, net.

The Surgical Clinics of Chicago, Volume I, Number V (October, 1917). Octavo of 214 pages, 84 illustrations. Philadelphia and London. W. B. Saunders Company. 1917. Published bi-monthly. Price per year: Paper, \$10.00; cloth, \$14.00.

How Long Will the Citizens of Ohio Stand for Organized Defiance of Law by Unlicensed Chiropractors?

The great state of Ohio is now being edified by the finest example of organized law defiance that we have ever witnessed. Under the protection of a Davenport, Iowa, concern that turns out chiropractors at so much per chiro, a group of dangerously-unprepared men and women—many of whom failed in other lines of effort—are personally operating offices for the treatment of the sick in various towns throughout the state and are snapping their fingers at the Ohio Medical Practice Act.

When the Platt-Ellis Law was enacted in 1915 it extended exemption certificates to every alleged chiropractor who even mildly asserted that he had been practicing this profession in Ohio for a period of one year. The law provided, however, that those who take up the practice in Ohio after its enactment should meet very moderate educational requirements. It was thought by everyone that this might stop the influx into our state of half-baked healers who are being turned out by the chiropractor diploma mills.

Out in Davenport, Iowa, one B. J. Palmer has made a fortune out of the business of "educating" chiropractors. His place is known as the "Universal School of Chiropractic." Every report of it that we have received indicates that as a teaching institution it is—well, you know.

When the Platt-Ellis Law was under consideration Palmer opposed it because it required that chiropractic schools—like medical and all other professional schools—must qualify for state recognition. He knew that this meant the closing of a fertile field for his "graduates." Immediately after its enactment he calmly announced he would pay no attention to the law, and that his graduates would continue to enter Ohio and practice as they pleased.

They have. To make it possible, Palmer organized a protective association and employed first-class legal counsel to fight the battles for his "graduates." He announced throughout the country that graduates of *his* school would practice in Ohio—and let the state go hang.

* * *

After the State Medical Board had completed the tremendous task of instituting the non-medical license plan provided by the Platt-Ellis Law it started the task of prosecuting various non-licensed healers. Before his death, Dr. George H. Matson presented the facts to local grand juries throughout the state. His sudden removal temporarily interrupted this campaign and gave these law-breaking chiropractors the time they needed to become established.

When Dr. H. M. Platter took up his duties as secretary of the board he found these unlicensed chiropractors operating openly in several cities; many of them boasted that they paid no atten-

tion to the law. He immediately started work securing the necessary evidence for court cases, and from this time forward those gentlemen practicing as chiropractors in open defiance of the law may expect prosecution. The time has come for the establishment of a definite policy in this state. This Davenport gang of healers must obey our Ohio law, or they must get out.

* * *

But it is mighty discouraging work. The case of one H. M. Warner, a young man of about 30, who located in Paulding some six months ago, after receiving his diploma from Palmer, illustrates this point. Warner is not licensed by the state of Ohio to practice either medicine or chiropractic, yet he opened an office in Paulding and advertised that he was there to meet and treat the sick. The collection of the necessary evidence that he was treating sick people and receiving fees for the service was easily accomplished. Official information was filed with Probate Judge Perry Poorman early in September. He was brought to trial and, of course, demanded a jury. When the case came up Palmer was in the court room and had brought with him Mr. Fred H. Hartwell, a prominent attorney of LaCrosse, Wisconsin, who acts as general counsel for the Palmer outfit in fighting these cases throughout the United States. In behalf of the state the prosecution was conducted by Special Counsel Knepper of the Attorney General's office, County Prosecutor S. W. Ennis and Mr. Wilcox, a leading Northwestern Ohio lawyer.

The evidence was very plain. One Floyd Donart testified that he had paid Warner \$15.00 for a series of treatments. In the second case one Frank Thompson testified that he had paid Warner \$25.00 for similar treatments. In both cases Warner had offered to cure chronic conditions.

Hartwell, knowing the psychology of the court room, played to the jury in each case. He paid little or no attention to the evidence. He simply asserted that chiropractic is not the practice of medicine, but is merely massage of the spine. His great point was that "Warner had never done any harm." Mr. Wilcox concisely answered this when he inquired of the jury if, in their opinion, it is necessary for the state of Ohio to let every Tom, Dick and Harry come here and practice on our sick and then wait until they do definite harm before they are convicted.

Summing up the evidence of the jury, the judge practically directed a verdict of guilty, calling attention to the decisive nature of the evidence and the provisions of the Ohio law. In the first case the jury deliberated four hours and returned a verdict of "not guilty." In the second case a different jury required exactly 30 minutes

to arrive at a similar conclusion. Palmer returned to Davenport, laughing in his sleeve.

* * *

The miscarriage of justice was caused, of course, by the clever work of the imported attorney in clouding the issue. He confused the jurors' minds by talking of the "medical trust" and throwing in a little personal liberty camouflage. He made the defendant appear to be a martyr rather than a miscreant. He carefully ignored the fact that the state, solely to protect its sick, requires definite qualifications that are designed to insure intelligent treatment.

* * *

Another of the difficulties that the state is meeting in securing conviction in these cases is the persistent delay of the courts. These chiropractors are willing to spend their money freely to engage counsel whose sole efforts seem to be to invoke technical delays. The cases of a group of flagrant Cleveland law-breakers illustrate this point.

Torizo Tanaka is a little five-foot Jap who was "graduated" by Palmer. Early last spring he opened elaborate offices in the Arcade Building, Cleveland, and has since purchased newspaper space liberally to inform the sick public of his wonderful ability to treat every known human ailment by "the marvelous new science of chiropractic." Of course, in a great city like Cleveland, he attracts sick people by the hundreds. He is said to be doing a land office business.

Last May, Dr. Matson filed with the Cuyahoga County grand jury definite evidence that Tanaka was violating the Medical Practice Act. One witness testified that Tanaka was treating him for liver and kidney trouble "due to a subluxation of the spine," which he could cure by spinal adjustment. Two other patients testified that Tanaka had treated them for deafness. A woman swore that she had paid Tanaka for treating her for "noises in the head." The grand jury in May returned three indictments against Tanaka.

At about the same time, other grand jury indictments were returned against Arthur W. Chappel, 13317 Marston Avenue, a Palmer product who was treating an eleven-year-old child for infantile paralysis; Raymond C. Snow, another Palmer disciple, and A. J. Schamacke, who is practicing chiropractic on a lesser scale. T. H. N. Staggers and J. Hoeffler, unlicensed chiropractors, were indicted at the same time. During the spring, summer and fall the lawyers got in their heavy work. Time after time the cases were set for trial and something happened. Finally, late in November, Assistant Prosecuting Attorney Babka succeeded in bringing the Tanaka case up in Criminal Court before Judge Morgan. It was agreed that the Tanaka case should be tried first so that the other cases might be simplified by the initial proceeding. Mr. Hartwell, of course, was on the job and succeeded, after

considerable quibbling, in finding what the court held to be a technical defect in the form of the indictment. Dr. Platter went before the Cuyahoga County grand jury the next day and secured re-indictments and in due course of time they probably will come up. It is highly probable, however, that the chiropractors will appeal the case if they lose and the matter will eventually come to the Supreme Court—and in the meantime Tanaka and his fellow healers will continue their law-breaking. By the time the Supreme Court disposes of the matter they will be ready for new fields.

* * *

Dr. Platter, acting as the agent of the state, is not dismayed by these torturous procedures. He is proceeding steadily, collecting evidence and securing indictments against similar law defiance throughout Ohio. At this writing cases are pending in Toledo, Norwalk, Akron, Lima, Findlay and at a number of other points.

* * *

We bring this matter to your attention in this detailed fashion so that you may be acquainted with the exact situation, and not be inclined to criticize the State Medical Board for its seeming slowness in prosecuting these flagrant offenders. Frankly, the remedy is beyond us. Eventually, of course, the citizens of the state will learn that they are the victims and sole sufferers through this organized law defiance. The experience will be dearly bought, but not until then will the state realize that it is more dangerous to permit an unqualified healer to tinker with the health of its citizenship than for the state to permit at large a professional burglar, who merely steals money.

SLOWLY, BUT SURELY

The fight against tuberculosis is making steady headway in Ohio. Executive Secretary Paterson of the Ohio Society recently issued the following interesting table, which shows the decrease in the death rate since the organized campaign against the disease was launched in this state eight years ago:

Year	Population	Number of Deaths	Rate per 100,000
1909	4,418,253	6,544	143.72
1910	4,779,981	7,719	150.76
1911	4,841,710	7,093	146.58
1912	4,903,439	6,964	137.94
1912	4,903,439	6,764	137.94
1913	4,965,169	6,571	132.34
1914	5,026,989	6,564	130.58
1915	5,088,621	6,668	131.04
1916	5,150,356	6,838	132.77

It is easy to criticize the government. Here in America we are altogether too much inclined to underestimate criticism of governmental acts. This year, let's look for the good things and pass over the rest. Everyone will be happier.

Attorney General of Ohio in Clear-Cut Decision Points Out that Osteopaths are Not Physicians

Osteopaths here in Ohio have encountered a new obstacle in their campaign to abandon osteopathy and pose as physicians. It is an official opinion rendered October 24 by Attorney General Joseph McGhee.

Osteopathic practitioners are being hard pressed by their drugless rivals, the chiropractors, and have for some time shown a keen desire to abandon the drugless field and appear before the public as physicians and surgeons. This was plainly indicated last winter when the osteopathic organization fought for the enactment of a legislative amendment to the Ohio Medical Practice Act, under which the state would have been compelled to officially consider osteopaths as physicians and surgeons. They were beaten in this effort, but they have by no means given up and now are tremendously indignant over the construction of the statutes made by the Attorney General.

The matter was brought to Mr. McGhee's notice by the State Board of Administration. It appears that a Sidney, Ohio, osteopath had signed a medical application for the admission of a patient to the Dayton State Hospital. The osteopath had crossed out the initials "M. D." which appear in the medical examination section of the printed application form, and had inserted the letters "D. O." He had further signed a statement to this effect: "I am a registered physician of the State of Ohio and have at least five years' experience in the practice of medicine." This statement is printed as a routine matter upon the official blanks.

The Attorney General was asked by the board to rule as to whether the practice of osteopathy constituted the practice of medicine.

Mr. McGhee, in answering, quotes Section 1954 of the General Code which provides for the signing of the affidavit upon which insane persons may be committed to institutions. It states specifically that the affidavit shall be made by "two reputable physicians." He further quotes Section 1965 of the General Code which holds that "the medical witnesses must have at least five years' experience in the practice of medicine." Mr. McGhee holds:

"The word 'physician' has been often defined, but many of the definitions rest upon statutes in the various states defining either the word physician itself or what shall constitute the 'practice of medicine,' so that a great many of these definitions are useless in the case submitted.

"In Vol. 30 of Cyc. page 1544, we find the following definition:

"The word 'physician' is defined to mean a person who has received the degree of doctor of medicine from an incorporated institution;

one lawfully engaged in the practice of medicine."

"This definition is the same as found in Bouvier's Law Dictionary, Vol. 3, page 2566, and practically the same as is found in the standard dictionary. These definitions express, I believe, the meaning of the word 'physician' as it is ordinarily used and thus defined the word could not be held to include 'osteopath.'"

Mr. McGhee, in his opinion, further points out that Section 1954 was originally passed in 1878, and that the first osteopathic school was opened in 1890. He holds that this may be considered as further proof that osteopathy is not the practice of medicine in the meaning of that particular section. But he strengthens this very materially by applying to the question the generally accepted rule of law laid down, which holds that the statute may include, by inference, a case not originally contemplated when the statute was drawn. From this viewpoint, Mr. McGhee says:

"It therefore is proper to look into the statutes regulating the practice of medicine in Ohio to learn whether an osteopath, though not originally classed as a physician within the meaning of Section 1954, has since become a physician within the meaning of the term as used in that statute. As before noted, Section 1956 G. C. provided that the medical witnesses certifying to the insanity of a person 'must have at least five years' experience in the practice of medicine,' and we now look to the provisions of the present statutes relative to the practice of medicine in Ohio."

Considering it in this light, he proceeds to analyze the present Medical Practice Act and to point out the essential differences between the sections that provide for the examination and registration of those licensed to practice medicine and those who are licensed to practice the limited branch of medicine known as osteopathy. In conclusion, Mr. McGhee faces the question squarely in the following words:

"It will be noted that the examinations provided for those desiring to become practitioners of medicine in all of its branches are quite different from examinations provided for persons who are applicants for certificates to practice osteopathy. It will also be noted that the legislature does not speak of osteopaths as 'practitioners of medicine,' but as persons 'practicing osteopathy.' It does not refer to them as surgeons or physicians, but as osteopaths. In Section 1288, General Code, it distinguishes between the two in providing that the certificates of osteopaths 'may be refused, revoked or suspended as in the case of certificates of physicians and surgeons.'

"From a reading of these sections and an

examination of all the statutes relating to the practice of medicine and osteopathy, it will be seen that the legislature has clearly recognized the fact that the practice of medicine and the practice of osteopathy are not one and the same, but two different things, and bearing in mind the different educational qualifications required and the totally different examinations provided with reference to the two professions, I cannot but conclude that an osteopath is not a physician within the meaning

of Sections 1954 and 1956 of the General Code, and am therefore of the opinion that a certificate of insanity, signed only by one doctor of medicine and one osteopath, or signed only by two osteopaths, does not meet the requirements of the statute."

Although he is merely following the letter of the law in the matter, the osteopaths of the state are highly incensed and are threatening to take concerted action against Mr. McGhee should he become a candidate for reelection.

Dr. Heidingsfeld Suggests Important Field of Work for Physicians Near Army Camps

To the Editor of The Journal:

As Chairman of the Committee on Control of Venereal Diseases of the Ohio State Medical Association, I beg to call to your attention that the medical profession of the state of Ohio can perform a great, important and patriotic service to its national and citizen soldiery, and to the public at large, if it will conscientiously undertake to impart systematic instruction in venereal prophylaxis and sex hygiene in the various Ohio military training camps, in which recruits are being received and prepared.

Disease plays more havoc with an army than bullets of the enemy, and the worst of all foes to the army of training and invasion are syphilis and the venereal diseases. Venereal disease, ever menacingly present with the army of peace, keeps pace with the rapidity with which the ranks are filled, recruits are trained and distant shores invaded. It has left its sad and ineffacable imprint upon every army of invasion. It has hovered around every camp-fire, it has successfully evaded the vigilance of sentries, it has surmounted every form of regulatory barrier. Its blighting and malignant virulence when contracted by soldiery from dissimilar races, is notorious. It greatly impairs the efficiency of a fighting force. Its mere presence is a grave menace to the uninfected units. It leaves its physical and mental blight not only upon the soldier who contracted the disease in the field, but follows the army throughout the length and breadth of its movements, and accompanies it upon its return to its native shores, to spread its unrestrainable dissemination to wife and offspring, through home, hamlet and metropolis until the nation itself becomes thoroughly pervaded with its presence.

It is almost universally conceded that education offers the only successful method of combating this impending evil. Reglementation in every form avails little or nothing. Wholesome fear, instilled by means of lectures, with a frank and realistic presentation of facts, exercises the best restraining influence. Your chairman, with the assistance of a number of other physicians, hygienists and officers, have instituted a campaign

of this character in Cincinnati and vicinity, and such addresses in various military camps have thus far been apparently received with favorable and enthusiastic interest. We also have every reason to believe that they will be productive of much material good, in point of moral restraint and hygienic prophylaxis. Your chairman hopes that officers and medical men will interest themselves to see that every training camp in the state of Ohio will receive some degree of adequate instruction in this particular direction, and will gladly pledge the committee to render such instruction available and feasible. He sincerely hopes that the great state of Ohio will take an initiative in this particular direction and set an example worthy of universal emulation.

(Signed) M. L. Heidingsfeld, M. D.,

No. 19 W. Seventh St., Cincinnati.

OHIOANS HONORED BY A. M. A. SECTIONS

Dr. R. E. Skeel, Cleveland, was elected vice chairman of the Section on Obstetrics, Gynecology, and Abdominal Surgery. Dr. Don B. Lowe, Akron, was elected for a term of three years as secretary of the Section on Preventive Medicine and Public Health, and Dr. Otto Geier, Cincinnati, the retiring chairman of the section, was made a member of its executive committee. Dr. Albert H. Freiberg, Cincinnati, was elected chairman of the Section on Orthopedic Surgery.

In addition to its five regular delegates, Ohio may have three additional representatives in the House of Delegates next year. Dr. E. O. Smith was elected to represent the Section on Genito-Urinary Diseases; Dr. Otto P. Geier, Cincinnati, the Section on Preventive Medicine, and Dr. W. J. Stone, Toledo, the Section on Practice of Medicine.

Cincinnati—Dr. Charles T. B. Fennel, who for more than 30 years has occupied the chemistry chair at the Cincinnati College of Pharmacy, has been appointed professor of materia medica at the University of Cincinnati, the appointment to become effective after the holiday season.

NEWS NOTES OF OHIO

Sciotoville—Dr. J. W. Hutchins is confined to his bed with pneumonia.

Lockland—Valentine Harting, health officer, died at St. Mary's Hospital, December 8.

Ashtabula—Dr. H. Wadsworth Dornan of this city is reported to be seriously ill in St. Petersburg, Florida.

Cleveland—Dr. John C. Darby recently suffered a slight cerebral hemorrhage and is confined to the house.

Bantam—Dr. Harry E. Cover was thrown from his buggy in a runaway accident, November 19, fracturing his leg below the knee.

Toledo—Dr. J. H. Jacobson of this city was elected president of the Tri-State Medical Association, including Ohio, Indiana and Michigan, at the annual session held in Laporte, Indiana, November 21.

Portsmouth—Dr. F. H. Williams has been appointed surgeon for the C. & O. Railroad in this district, succeeding Dr. O. W. Robe, who has received a captain's commission in the Army. The appointment is for the period of the war.

Bucyrus—Dr. H. H. Smith will return from his fruit orchard in North Yakima, Washington, in the near future and resume the practice of medicine, occupying the offices of Dr. W. Glen Carlisle during the latter's absence in the military service.

Cleveland—A physician of this city was recently fined in municipal court for failure to report to the police within an hour after he had treated a man for a pistol wound. This is the first conviction under a new ordinance designed to help the police check crime.

Sandusky—Physicians of this city have announced the following increased fee schedule, effective December 15:

"Ordinary day visits within the corporate limits of the city, \$1.50 and up; for each additional mile or fraction thereof, beyond the corporate limits, \$.75 and up.

"Visits when surgical dressings are necessary, \$2 and up.

"Night visits, 8 p. m. to 6 a. m., \$3 and up.

"Advice per telephone, \$.50 to \$1.

"Obstetrics—(a) Ordinary, uncomplicated cases requiring not more than three hours' attendance, minimum, \$15; (b) for each hour extra, \$3; (c) for each visit before and after delivery, \$1.50.

"Ordinary consultations in the office, \$1 and up.

"Consultation with another physician, \$5 and up.

"Fees for all office treatments, and all surgical work shall be regulated by the amount of time and skill required."

Ohio Commission Investigates British Plan

Early in December cable dispatches from London in announcing the appointment of Sir Christopher Addison, M. P., as minister of public health, a recently created cabinet position, declared that he is preparing to immediately carry a bill through Parliament forming a new ministry to operate a scheme of "revolutionary character." This scheme, the dispatches said, aims at the nationalization of the British medical profession, involving free medical attention for everyone without charge. It is said to have the support of Premier Lloyd-George.

Immediately upon receipt of this information Honorable W. A. Julian of Cincinnati, chairman of the Health and Old Age Insurance Commission of Ohio, which is investigating the question of sickness insurance, wrote Dr. Addison as follows:

"The State of Ohio has named our commission to conduct a study of health insurance and of sickness prevention and we are now in our work. States of the United States of America have done little in work of this nature and data naturally is limited as applicable to American conditions. It is therefore to foreign lands that we are obliged to look.

"The proposition to make so radical a change as suggested by the cable dispatches is doubtless based upon very careful and systematic inquiry and investigation. It would be of profound benefit to our commission to be supplied, if possible, with the data that your department has collected and to be given a summary of the conclusions that you have reached. It would be exceedingly interesting and important to have your reports on the entire subject.

"On this subject, furthermore, our commission, representing as it does the fourth state in population in the American Union, would be exceedingly glad to have your views on the operation of health insurance in war times and a statement of the effect of your existing legislation in maintaining the national stamina and industrial and military efficiency.

"The requests which we make may sound all embracing and very comprehensive, but common interests, binding together powerful nations, permits the younger to ask of the older needful assistance in the great social problems of the day."

In making public the letter the secretary of the commission, Mr. H. R. Mengert, issued a statement asserting that it should be definitely understood that the Ohio commission is not advocating any similar plan, but that it is merely desirous of collecting all the information possible from every source.

The Ohio commission has established headquarters in the state office building in Columbus formerly known as the Wyandotte Building, with Mr. Mengert in charge.

OHIO PUBLIC HEALTH NOTES

—That the high cost of milk is the main factor in the mounting death rate among babies is held by Dr. Richard A. Bolt, chief of the Cleveland Bureau of Child Hygiene. He says that as a result of a raise in Cleveland milk prices in August, 1917, many families stopped taking fresh milk and deaths, from digestive disturbances, among babies under one year, increased 80% over the same month in 1916. The federal food administrator will be urged to compel maintenance of an adequate supply of cow's milk, at a reasonable price, for baby feeding.

—A room in a Toledo school has been equipped as a school for crippled children. Until the attendance has been attained, the pupils will be taken back and forth in automobiles furnished by members of the Rotary Club, which is financing all work for crippled children in that city.

—United States Public Health Service surgeons in charge of sanitation in the five-mile health zone around Camp Sherman, which includes Chillicothe, are strongly urging inoculation as a precaution against typhoid fever. Last year the city had 23 cases of typhoid and with the constant influx of newcomers and visitors the danger is much increased.

—The Youngstown Board of Education submits the following report on medical inspection work done in the public schools of that city during the period between October 15 and November 15:

School visits 203; homes visited 234; pupils examined 3308; pupils treated 265; pupils sent to school physician 39; pupils sent to hospital 5; treated at dispensary 31; operations 27; health talks to classes 11; pupils excluded from classes on account of contagious disease 64; instructed to secure glasses 5.

—Cleveland participated in National Tuberculosis Week during the week of December 2. Lectures in schools, factories and churches and the distribution of posters and other literature were used to direct attention to the dangers of tuberculosis and means that may be taken to prevent it.

—Good health conditions in Akron have been brought about through the valuable work accomplished in the big factories, according to Dr. Charles Nesbitt, new health commissioner of that city. Dr. Nesbitt is especially pleased with the co-operation from the big rubber factories, whose private health departments are doing wonderful work.

—The National Association for the Study and Prevention of Tuberculosis has sent out circulars encouraging a periodic medical examination, "to take account of your health assets and liabilities."

December 6 was observed in several Ohio communities as National Examination Day.

—A public health council composed of one or more delegates from approximately 70 organizations, institutions and city departments doing public health work in Cincinnati was organized at the General Hospital, November 23. The council will act as a clearing house for all work done in the interest of public health.

—Medical inspection of the Lorain grammar grade schools revealed the fact that of a total enrollment of 4,776 pupils, 3,426 pupils are normal, both physically and mentally.

—Seventy-three deaths from pneumonia, out of 100 cases reported, occurred in Cleveland in November. Health Officer Bishop estimates that there were 300 cases in the city during that period, but 200 were not reported.

—During the last five years 9,318 Cincinnati school children have been found with defective vision. As a result of careful follow-up work, 4,778 of those children obtained glasses. During the same period diseased tonsils and adenoids were recognized in 9,375. Of that number 3,375 were operated.

—Every expectant mother or mother of small children may obtain information on hygiene for herself and her children from the State Department of Health through a new bureau of registration of mothers. Dr. Frances H. Hollingshead, director of the division of child hygiene, is in charge of the new department.

—Dr. E. A. Peterson, assistant superintendent of the Cleveland schools, in charge of the division of medical inspection and physical education, is working out a program by which military training in the schools largely will be supplanted by training consisting primarily of games. He holds that these games will give the boys strength, nerve and skill, all of which are invaluable in the training of soldiers.

—Dr. Allen W. Freeman, state health commissioner, Mr. James E. Bauman, deputy state commissioner, and Major A. J. Farmer, head of the medical corps at Wilbur Wright aviation field, were the speakers at the session of the Miami Valley Health Officer's Association held in Dayton, November 22. The meeting was called to compare reports of work done and to discuss health problems in general.

—Dr. Roscoe P. Albaugh, representing the state department of health, delivered an address on "Precautions to take in the Prevention of Diphtheria in the Schools" before the Parents' Club of Findlay, November 21.

—The Elyria Board of Health has asked the city council for an appropriation of \$1,200 for the employment of a city nurse for the coming year.

—Dr. A. C. Bachmeyer, superintendent of Cincinnati General Hospital, favors the elimination of the municipal cemetery, known as "potter's field" by the cremation of unclaimed dead.

Chloretone produces natural sleep

In the treatment of insomnia—whether superinduced by pain, mental strain or nervous disease—the administration of a reliable hypnotic is a logical procedure.

But what is a “reliable hypnotic”? Briefly, an ideal hypnotic induces peaceful slumber. Its action, in this respect, is like that of ordinary fatigue. It causes no cardiac disturbance or other untoward condition.

CHLORETONE meets the specification squarely. Administered internally, it passes unchanged into the circulation, inducing (in efficient therapeutic doses) profound hypnosis. It does not depress the heart or respiratory centers. It does not disturb the digestion. It is not habit-forming.

CHLORETONE, in a word, *produces natural sleep*.

♦ ♦ ♦

In addition to its primary function as a hypnotic, **CHLORETONE** has a wide range of therapeutic applicability as a sedative. It is useful in alcoholism, delirium tremens, cholera, colic; epilepsy, chorea, pertussis, tetanus and other spasmodic affections; nausea of pregnancy, gastric ulcer and seasickness; mania (acute, puerperal and periodic), senile dementia, agitated melancholia, motor excitement of general paresis.

CHLORETONE: Ounce vials.

CHLORETONE CAPSULES: 3-grain, bottles of 100 and 500.

CHLORETONE CAPSULES: 5-grain, bottles of 100 and 500.

Dose, 3 to 15 grains.

SEE THAT YOUR DRUGGIST IS ABLE TO SUPPLY YOU.

Home Offices and Laboratories,
Detroit, Michigan.

Parke, Davis & Co.

—Members of the Cincinnati Board of Health are in favor of the plan to take over the entire work (dispensary and educational) done by the Anti-Tuberculosis League. Dr. George A. Fackler, president of the board, believes that the work can be handled more effectively and more economically by the health department than by a private organization. If the Council of Social Agencies, the collecting medium, will turn over to the health department the sum of \$29,500 annually spent by the League, Dr. Fackler estimates that \$6,000 can be saved in salaries.

—Dr. A. L. Jones, Lima health officer, in a newspaper interview, endorsed the "keep-a-pig" movement started by Food Administrator Hoover, who says that "every hog is of greater value to the winning of this war than a shell, and every pound of fat is as sure of service as every bullet." Pigs, properly kept, are not a menace to public health.

—At a special meeting of the Portsmouth Board of Health, November 21, Health Officer Dr. W. W. Smith was instructed to issue a general vaccination order to those who have not been vaccinated within the last two years. Dr. Smith and Dr. W. E. Gault, acting city physicians, started the vaccination of indigent school children, November 26. Several years ago Portsmouth had 129 cases in a single epidemic.

—With the opening of Ohio's fifth district tuberculosis hospital at Chillicothe, 27 of the 88 counties of Ohio are able to care for their tuberculosis victims in district, county or municipal institutions. The State Department of Health has proposed that Crawford, Hancock, Seneca, Wood and Wyandot Counties be organized into a sixth hospital district, and the suggestion has been favorably received. The 30-bed Chillicothe hospital will be maintained by Ross, Fayette, Highland, Scioto, Pike and Jackson counties.

—Officials of the state administration and health authorities of Columbus and Cleveland were busy in late November tracing several carloads of frost-bitten potatoes, said to have reached Ohio markets from the northwest. Under the license system of food control, shippers are prohibited, under penalty of forfeiture of their licenses, from shipping potatoes not "practically free" from frost and decay.

—The city of Sandusky had only 24 cases of contagious disease during the year 1917—three cases of typhoid, 18 cases of scarlet fever and three cases of diphtheria. This is an exceptionally good record in these diseases based on the figures of other cities of similar size.

Are reports of your county society meetings appearing in *The Journal*?

Cooperative Malpractice Insurance

Limited to Members of Recognized Medical Societies

Group Form Plan—

originated and issued only by Ætna Life Insurance Company to provide real protection and service on a common sense basis.

This Means Protection—

against loss arising from claims based upon any injury to a patient occurring in the lawful practice of the Assured's profession. No limitation on reason for making claim.

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furnishes complete defense; also indemnity, \$5,000 for one injury; \$15,000 total all judgments account of each year's acts.

Absolute Security.

Ætna Attorneys—

(specialists in personal injury claims) always available to Assured both before and after claim is made, without extra charge.

Compromises—

the Ætna prefers to defend suit to the highest court. Cannot settle without consent of Assured and approval of three members of the Group.

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if necessary in defending suit (up to limit specified in policy) without cost or deposit of collateral—a radical departure of real value to the Assured.

Surplus to Policyholders—\$18,985,333.30

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Write or phone Ætna Life Insurance Company, Local Agent or

W. G. Wilson, Manager, Leader-News Bldg., Cleveland, Ohio.
Perkins & Geoghegan, General Agents, First Nat. Bank Bldg., Cincinnati, Ohio.
H. W. Falconer, Dist. Manager, 1019 Nicholas Bldg., Toledo, Ohio.
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Liquid Paraffin

(Medium Heavy)

Tasteless — Odorless — Colorless

In Treating Hemorrhoids

STANOLIND Liquid Paraffin, used regularly, very generally relieves hemorrhoids and fissure, even when of some years' standing.

Since these morbid conditions are usually the result of constipation, and are aggravated by straining, Stanolind Liquid Paraffin aids by rendering the intestinal contents less adhesive, by allaying irritation and thus by permitting the diseased tissues to become healed.

Where a contraindication for operative treatment exists, the use of Stanolind Liquid Paraffin in these conditions will frequently give relief from distressing symptoms and may even permit the parts to be restored to a condition where operative procedure may be postponed.

The *special advantage* of Stanolind Liquid Paraffin lies in the fact that its beneficial effects are not diminished by continual use, as is the case with almost any other laxative.

Stanolind Liquid Paraffin acts by lubrication and by adding bulk to the indigestible intestinal residue.

A trial quantity with informative booklet will be sent on request.

Standard Oil Company

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The Small-Pox Situation

Dr. W. E. Obetz, epidemiologist, State Department of Health, who has been investigating the smallpox situation in Ohio, has made the following recommendations to local health departments:

1. Vaccination of all school children who have not recently been successfully vaccinated or who have not had smallpox.

2. Absolute quarantine of entire family from the outbreak of the disease to 17 days after fumigation, if there is any person who has been vaccinated or who has not had smallpox. Heads of families or bread earners may continue work provided they have not been exposed and will remain away from the house. This order will be rigidly enforced.

3. Vaccination of all employes of any factory where smallpox is spreading. If not complied with, factory shall be closed. This will hold good in all places of business.

4. Vaccination of all known exposures—or quarantine for 17 days from day of exposure, for observation.

5. Prosecution of any physician, parent, guardian, owner or agent of property who knowingly fails to report the presence of any contagious disease on the premises.

6. Any person breaking quarantine will be prosecuted before the mayor of the city or a justice of peace, as the health officer may see fit.

Reports from 41 of the 88 Ohio counties show

that there were 427 cases of smallpox in Ohio in November and that the disease is spreading.

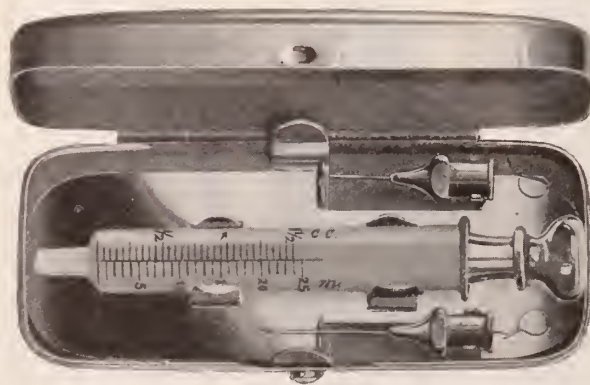
Title: "Doctor" is Protected

In running through the newspapers of the state, we find frequent instances in which "limited practitioners"—particularly optometrists—are parading before the public under the title "Doctor." It should be clearly understood that unless a man is licensed to practice medicine or osteopathy in this state, he is specifically prohibited from using this title in connection with the practice of any branch of the healing art.

The chiropractors, chiropodists and optometrists may use it in qualified form. The chiropractor may appear as "John Jones, Doctor of Chiropractic," but he is not authorized to advertise himself as "Dr. John Jones, Chiropractor." Section 1286 of the General Code of Ohio is explicit on this point. If chiropractors, optometrists and others are posing in your community as "doctors," call the matter to the attention of Executive Secretary Sheridan at the Columbus office of the Association, or to the attention of Secretary Platter of the State Medical Board.

Alliance—Dr. James N. Nelson has been appointed local examiner for the Industrial Commission.

Genuine Luer Type All Glass Syringe in Nickel Plated Case with Two Needles **\$1.00**



A convenient and highly practical pocket case of unusual quality.

The Luer Model syringe is a standard type, highly finished and carefully tested. It is made with a solid glass plunger carefully annealed and ground to fit. The graduations are accurate, plainly and permanently marked.

Many of these syringes have been sold alone for more than the price we ask for the entire outfit. The needles are standard make, genuine Luer pattern with flat shanks.

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The price is attractively low - - - The quality is uniformly high!

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Examine BRAN ZOS

Purina Branzos

looks different from ordinary bran, and it is different. Ordinary bran is nothing but the outside, or fiber coat of the wheat. Purina Branzos contains all of the wheat coats (see illustration in lower corner.) This makes it rich in phosphates and gluten.

Purina Branzos is ideal for a bran diet, because it has all of the laxative properties of bran plus real food value. Physicians who prescribe Purina Branzos will find that patients like to have Purina Branzos prescribed because it tastes so good.

Purina Branzos is splendid for nursing mothers. It increases the milk flow, enriches the milk, and regulates the system. Children take to the flavor at once. Its mineral salts build bones, its gluten properties make tissues, and its fiber stimulates digestive action.

There is only one bran food that we know of. When a physician specifies Purina Branzos in recommending a bran diet, his patients are sure to get the right thing. Branzos is packed in a checker-board package bearing a red cross.

Purina Branzos makes delicious bread, muffins, porridge, etc. We shall be glad to send a full size package gratis to any physician who is interested.

RALSTON PURINA COMPANY,

985 Gratiot St.,

St. Louis, Mo.



Preventable Blindness Decreasing in Ohio

The annual inquiry made by the National Committee for the Prevention of Blindness of the Schools for the Blind in the United States to ascertain the proportion of pupils entering these schools whose blindness might have been prevented, shows that in 34 schools reporting for the school year 1916-17, 119 new pupils or 18.4 per cent of the admissions were victims of the ignorance and carelessness which results in ophthalmia neonatorum. Out of the total attendance of 3336, there are today 796 boys and girls blind because of this preventable disease.

Ohio, which maintains one of the largest state schools for the blind, reported that out of 32 admissions for 1916-17, six or 18.7 per cent were blind from ophthalmia neonatorum. For the previous year 17 out of 47 or 36 per cent. of the new admissions were blind from this disease. The total attendance at the Ohio institution for 1916-17 was 243, of which 66 or 27.1 per cent were blind from "babies' sore eyes," as compared with 91 or 36.5 per cent for the preceding school year.

This gratifying decrease has been general each year for the past eight or ten years and is undoubtedly due to a more general understanding as to the dangers from ophthalmia neonatorum and the increasing use of the recognized preventive measures.

MARRIAGES IN OHIO

—Dr. William B. Markus and Miss Leona Freedman, of Cleveland, October 16.

—Dr. W. C. Emery of Toledo and Miss Margaret Sponsler of Kenton, at Columbus, October 26.

—Dr. Daniel Clark Breman and Miss Josephine Agnes Winum, of Akron, November 6.

—Dr. William C. Greenwald and Miss Ruth Harris, of Celveland, October 30.

—Dr. Charles A. Fraser of Wellsville and Miss Jessie McConnachie of East Liverpool, at Wellsville, November 12. Mrs. Fraser was assistant superintendent of the East Liverpool City Hospital for seven years. They will make their home in Wellsville.

—Dr. Gilbert H. Benton and Miss Edythe Myer, of Clevealnd, November 10.

—Richard Ellison Amos of Akron and Miss Hazel McCauley of Ironton, November 10.

—Charles Gerard LaRocco and Miss Marie Kelly, of Cleveland, in St. Louis, November 16. Dr. LaRocco, as a lieutenant in the Medical Officers' Reserve corps, has received orders to prepare for foreign service.

—Dr. Roscoe G. Stotts of Ironton and Miss Pearl Maynard of Catlettsburg, in Catlettsburg, November 17. They will reside in Ironton.

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is confined exclusively to the manufacture of Strictly High Grade Medicines and Pharmaceuticals for Physicians, Dispensing and Prescribing.



Our Offices and Laboratories are now located in our New Building, 330-336 Oak Street, one square north of Grant Hospital.

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ATTENTION: LABORATORY SERVICE FOR PHYSICIANS

We make EVERY USEFUL AND ACCEPTED TEST

*punctually
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URINE ANALYSES
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The Danger of Contaminated Water

In a case reported by the State Department of Health's *Journal*, water from a contaminated well, served at a golden wedding anniversary celebration near the village of Harrod, Allen county, on August 1, is blamed for a typhoid fever epidemic recently investigated by the department.

There were approximately 200 guests at the celebration and since then 28 cases of typhoid have developed among those who drank water from the well. So far only one death has been reported. The victims are scattered over three states. Four persons in one family from Indiana and the chauffeur who drove them to the celebration are among the victims of the contaminated well. A 13-year-old girl in a family living in Alabama who was present and who drank the water is also reported to be suffering from typhoid.

Nine of the cases were reported from the village of Harrod. Two cases were found in Jackson township, Allen County, and one of the patients—a man about 45 years of age, died September 10. Eight cases developed in Darke County in the families who attended the anniversary, one in Lima, one in Lafayette village and one in Wapakoneta.

The water used for drinking and cooking at the anniversary dinner was obtained from a dug well situated beneath the floor of a one-story room which had been built onto the house proper. The dinner was served on long tables in the orchard. Water was carried to the orchard from the well and poured into a galvanized tub. Ice was procured from a nearby ice house and placed in the tub to keep the water cool. Ice tea was made and served in a similar manner. Milk used at the dinner was secured from the farm and was taken from the cellar to the orchard where it was served.

Aside from the water and ice tea no other article of diet could be found which was served to all persons attending the wedding dinner or to those now having typhoid fever.

This illustrates the havoc that one bad well may play. Cool, sparkling well water is not always pure water.

SHOTGUN VACCINE FOR COLDS

There is no reliable evidence for the value of mixed vaccines in the prevention or treatment of common "colds" and similar affections. The Council on Pharmacy and Chemistry accepted for New and Nonofficial Remedies mixed vaccines only on condition that their usefulness has been established by acceptable clinical evidence. So far it has not admitted any of the "influenza" or "catarrhal" mixed vaccines.—(Jour. A. M. A., Nov. 10, 1917, p. 1642.)

Bellefontaine—Dr. Horace A. Skidmore has moved to this city from West Mansfield.

50% Better Prevention Defense Indemnity

1. All claims or suits for alleged civil malpractice, error or mistake, for which our contract holder,
2. Or his estate is sued, whether the act or omission was his own
3. Or that of any other person (not necessarily an assistant or agent),
4. All such claims arising in suits involving the collection of professional fees,
5. All claims arising in autopsies, inquests and in the prescribing and handling of drugs and medicines.
6. Defense through the court of last resort and until all legal remedies are exhausted.
7. Without limit as to amount expended.
8. You have a voice in the selection of local counsel.
9. If we lose, we pay to amount specified, in addition to the unlimited defense.
10. The only contract containing all the above features and which is protection per se.

A Sample Upon Request

The
MEDICAL PROTECTIVE COMPANY
of Ft. Wayne, Indiana.

Professional
Protection, Exclusively

Poorly Ventilated Garage a Menace

The State Department of Health urges that physicians and public health workers, in their respective communities should direct public attention at this season of the year to the poorly ventilated garage as a health menace. They are veritable death-traps, as dangerous as the gas-infested trenches of the European battlefields. Carbon monoxide in engine gas exhaust is odorless, colorless and tasteless, and may kill you without warning, or may undermine your health. There are no statistics available as to the number of persons killed or injured by this cause for the reason that it is not among the classified causes of death and it has only become a real health menace since the advent of the automobile and the garage. There were, however, numerous items printed in the newspapers last winter with such headings as "Found Dead in His Garage" and "Overcome by Gas Fumes." Heart failure is usually given as the cause of death in such cases. Carbon monoxide poison presents a health problem worthy of more than passing notice. The State Department of Health has just published a health warning to all motorists and garage workers, warning them of the dangers of poison gas and telling how to avoid it.

That an overdose or heavy attack of the poisonous gas discharged from automobile exhausts may result in serious and perhaps permanent impairment of health is illustrated in a case recently reported to the State Department. The patient was a chemical engineer, 32 years of age. He was being treated for a disability due to impaired memory. Symptoms resembled paresis. He dated his illness from an incident which occurred last February when he collapsed in his garage while changing the batteries on his engine. His wife found him collapsed on the garage floor near the exhaust, as if he might have started to open the door when he fell, the engine meantime burning a "rich" mixture. He was entirely unconscious and remained in this state until evening. In the week following he was very weak, knew every one of his friends, but would, for instance forget that a friend had been there if he chanced to leave the room. He gradually improved, pulse became normal about six weeks after the accident. Since then, however, he became lax in his personal appearance, could drive his car in accustomed places but does not dare go where there is much traffic. Has been able to work a little in his garden. Is improving mentally but lacks initiative and does things at his wife's suggestion. His wife says he is not as friendly as he used to be, is inclined to be despondent, pessimistic and easily forgetful.

Elyria—Dr. and Mrs. W. E. Hart, who came to Elyria to attend the funeral of the latter's mother, have returned to Montgomery, Alabama, where the doctor has been stationed in military service.

Sherman's Bacterial Vaccines

Prepared in our specially constructed Laboratories, devoted exclusively to the manufacture of these preparations.



Vaccines constitute an important group of remedial agents. These Vaccines are marketed in specially devised aseptic bulk packages insuring added safety in withdrawing contents.

5 C. C. for \$1.00 18 C. C. for \$3.00
Ampules, 6 in box, \$1.50

Daily Users of Vaccines Use Sherman's
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Bacteriological, sero-logical, pathological, toxicological and chemical examinations of all kinds given prompt, personal attention.

Full instructions, fee table, sterile containers and culture tubes sent on request.

(As early diagnosis is the important factor in successful treatment it will pay you to utilize dependable laboratory diagnosis early and often.)

Wassermann test for syphilis.....\$5.00
(Send 3-5 C. c. of blood)

Gonorrhoea complement fixation test.....\$5.00
(Send 3-5 C. c. of blood)

This serologic test is the very best means of determining the presence or absence (cure) of chronic gonorrheal infection.

Lange's colloidal gold test of spinal fluid..\$5.00
Differential test; tubercular, syphilitic infection and general paresis.

Pathological tissue diagnosis.....\$5.00

Autogenous vaccines

Bacteriologic diagnosis and cultures....\$2.00
20 doses vaccine in 2 C. c. vials.....\$5.00

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Berry Sts. Phone 896—Fort Wayne, Ind.

The Facts About the Origin of Malted Milk

In 1883, Horlick of Racine, Wis., discovered the process for reducing whole milk to a powder form, combined with the soluble extract of malted grain, and devised the name Malted Milk.



This discovery was of great importance to humanity, since for the first time milk was reduced to a dry powder form, digestible, soluble in water, and would keep in any climate.

There was no Malted Milk in the world, other than Horlick's for nearly twenty years — and during this time, Horlick's shipped to Europe large quantities of their product.

When Horlick's had made Malted Milk a success, various imitations then appeared upon the market. Thousands of physicians know the above facts, and will not endorse imitations of the "Original."

Horlick's Malted Milk Company
Racine, Wisconsin

Have You an Infant Feeding Problem?

If so, the hand booklet, "*Successful Infant Feeding*," mailed on your request will help you solve it. It contains the essentials of simplified infant feeding methods evolved within the past few years—a reformation beginning with the discovery that the sugars used in infant feeding cause more trouble than the curds of cow's milk.

Modern Infant Feeding Is Successful

because its methods are simple, understandable, easy to use, and yield dependably good results. It provides diets suitable for the individual well infant, which cause a normal gain in weight, also efficient corrective diets for digestive disturbances. MEAD'S DEXTRI-MALTOSE is largely used in these diets because it is more readily assimilable than cane sugar or milk sugar, and correspondingly less liable to cause the troubles of sugar fermentation. NO DIRECTIONS for use accompany packages of MEAD'S DEXTRI-MALTOSE. It is made for physicians' use only.

MEAD JOHNSON & CO., Evansville, Indiana

A Crying Need in Ohio

To the Editor of *The Journal*.—The furore raised by the investigation of the Longview institution at Cincinnati calls our attention to the other insane hospitals of the state. The management of all of them, as we know is lodged in one central governing board, which board is supposed to be made up of men skilled along lines pertaining to the needs of these institutions. But notwithstanding the fact that more than twelve thousand of the inmates of these Hospitals are *PATIENTS* (patients committed presumably for treatment) not a physician is a member of this board. Every other interest of the state is cared for directly from this central board—farmers, veterinarians, gardeners, stock experts and what not look out for their respective departments, but no medical man has a say in the care of these thousands of patients. True each institution has a physician at its head, but he is handicapped by reason of the immense detail work of his hospital and also by reason of the fact that he must deal with a board which cannot see conditions from the view point of a medical man, no matter how capable and willing he may be.

It is no reflection on any member of the board as now constituted, to say it is impossible for him to judge of the proper classification, treatment or management of insane patients. Not one of these men claim to know anything about the treatment side of institutional work. Questions and problems continually arise with those having in charge these patients that the board must help solve, then is it not the part of wisdom to have someone in sympathy with the medical aspect of the matter, who shall have authority?

We have heard through the press, time after time, of the fine showing made by the board as to finances, and we all believe the management of these great institutions from a material standpoint has been a success; but we have heard very little of the results of treatment. These institutions are supposed to be hospitals, and the inmates are supposed to be patients, patients committed for treatment, and many of them paying the cost of maintenance, too. The friends of these patients would like very much to hear, once in awhile, something of what is being done for these unfortunates, besides an account of the per capital cost. Let us emphasize that these afflicted ones should have the very best medical skill that the great State of Ohio can give to them.

We need a psychopathic hospital in this state, for the acute insane, to save many a young man and woman from the stigma of insanity, for as we all know many cases of temporary aberration of mind clear up in a short time and such a patient should never be shut in a mad house.

The Medical profession should insist that one member of the Board of Administration should be a **MEDICAL** man.

G. E. ROBBINS, M. D.

Chillicothe, Ohio, December 12.

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(1753)

Cleveland's Health Department "Lands" on Patent Medicines

Dr. R. H. Bishop, Jr., Health Commissioner of Cleveland, is getting results in his war against fraudulent patent medicines. The Retail Druggists' Association is backing him in his fight, and wholesale druggists, on the strength of investigations he has made, are refusing to sell certain of the more harmful proprietaries. In the accompanying cut will be found many old friends—Sargol, Swamp Root, Dr. Hull's Superlative (one of Findlay's prize products), Dr. Hebra's Blood, Liver and Nerve Tonic (made in Toledo) and Nature's Creation (which is vieing with Peruna to make Columbus famous. The photograph was taken in the laboratory of the Cleveland health department and shows the proprietary preparations which were analyzed and found to be



fakes, fraudulent or misleadingly branded. Through the co-operation of the druggists' association the sale of these preparations in Cleve-

land has been stopped.

Cleveland recognizes that the sale of fraudulent medicines is distinctly a menace to public health—and is acting accordingly.

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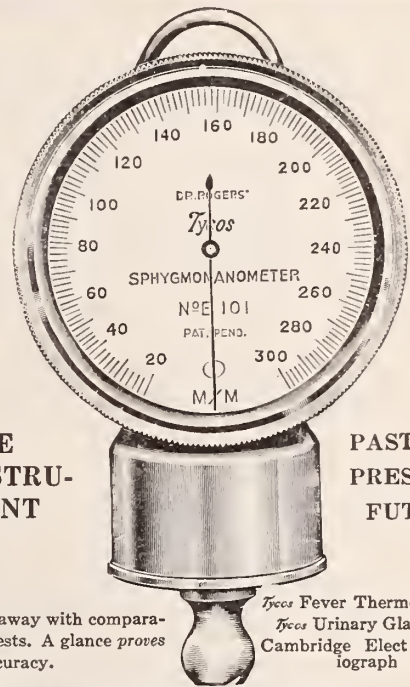
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Refer to Dr. Sherman's article, Surgery, Gynecology and Obstetrics, March, 1917, on the Carrel Method of Wound Sterilization.

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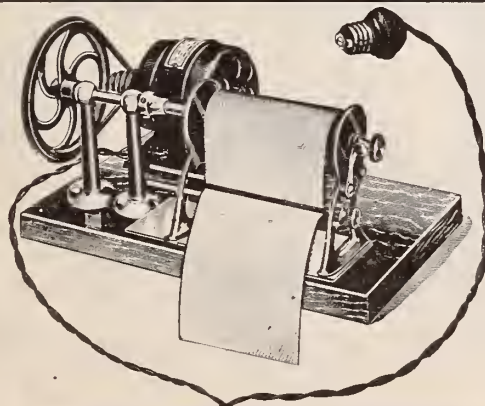
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Limitation of \$200 in Workmen's Compensation

Dr. William H. White, chief medical examiner for the Industrial Commission of Ohio, calls our attention to the fact that the Attorney General has ruled that the \$200 limitation for complete medical, surgical and hospital attention, which was modified during the recent session of the legislature, must apply to the treatment administered in any case prior to July 1, 1917, when the legislative amendment finally became effective. The amendment, it will be remembered, provides that in those cases where the cost of medical, surgical, and hospital attention materially exceeds \$200, the statutory limitation of the amount spent in any given case, may be waived by unanimous action of the Commission. But such limitation may be exceeded only in payment for treatment after July 1.

He further calls our attention to the fact that even in those cases where the treatment has been administered since July 1, and where the limitation has been justly exceeded, it has been impossible for the Commission to pay claims because of the vacancy on the Commission. Since the death of Hon. Wallace Yaple, no successor has been appointed, and about fifty claims coming under this classification must be held pending such appointment—for the law provides that the excess must be approved by three members of the Commission.

The Medical Department of the Commission is fully aware that in many cases this \$200 limitation has worked a hardship upon the physicians, nurses, and hospitals. In a recent Cleveland case, for example, where an acute synovitis of the knee developed and where constant treatment and hospitalization was necessary for seven months, the hospital submitted a bill for \$349.35, the attending surgeon for \$164.25, and the roentgenologist for \$15. It was necessary, of course, to reduce the gross payment to \$200. The hospital bill was reduced to \$150; the roentgenologist was paid \$10, and the physician was awarded \$40. The merit of the original bill was admitted but the unfortunate limitation in the old law made it impossible for the Commission to act.

The saving feature of the situation is that the last legislature afforded relief and that in the future the profession will be free from similar injustices.

—Bellefontaine City Council has approved the plan to issue bonds to the amount of \$15,000, the money to be used in the erection of the Mary Rutan Hospital. According to the will of the late Mrs. Rebecca R. Williams, the city received \$70,000, half to be used in erecting and equipping the hospital building and the other half as an endowment. When it was found that the \$35,000 thus provided was insufficient for the building fund the trustees asked the city council for help.

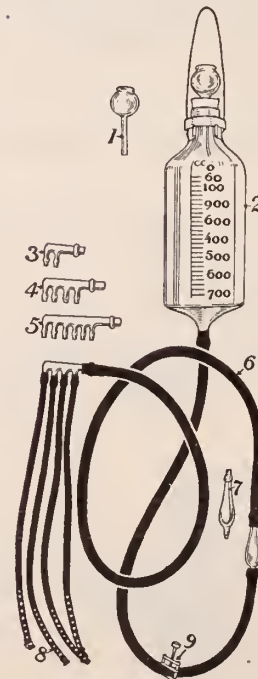


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OHIO HOSPITAL NOTES

—At the annual meeting of the Oberlin Hospital Association, November 12, Dr. F. E. Leonard was elected president and chairman of the board of trustees. Miss Gertrude E. Greenwood, who has been superintendent of the hospital since January, 1913, is retained in that capacity, and the arrangement whereby she serves as school nurse for the Oberlin Board of Education is continued. In the past year 154 patients spent 1,338 days in the hospital.

—Graduation exercises for eight nurses were held at St. Elizabeth's Hospital, Youngstown, November 17.

—Rev. Theodore R. Ludlow, a missionary from Hongkong, China, recently visited Cincinnati General Hospital to obtain information on hospital construction. Rev. Ludlow said \$160,000 had been raised by missions for the erection of a hospital in the interior of China, and that it was in course of construction when the recent upheaval occurred. The work is now being speeded up.

—Portage County Commissioners have issued \$35,000 worth of bonds for the purchase and equipment of White Hospital at Ravenna. The

price of the property, \$25,000, will leave a margin of \$10,000 for additional equipment and remodeling.

—Portsmouth Board of Health has decided to erect three small steel buildings on the grounds of Hempstead Hospital for the purpose of segregating persons afflicted with contagious disease.

—The following tabulation shows the increase in the number of births in the maternity ward at Miami Valley Hospital, Dayton, since the establishment of that department in 1900. With the increase in patients the space of the ward has been increased until it now accommodates 20 patients.

1900	28	1909	95
1901	25	1910	118
1902	33	1911	157
1903	38	1912	174
1904	51	1913	225
1905	62	1914	296
1906	100	1915	310
1907	85	1916	394
1908	95	1917 to date.....	428

—With the building nearing completion and orders for interior equipment placed, trustees of Sandusky County Memorial Hospital announce that the institution will be dedicated in early April.

—A campaign to raise \$25,000 is being made by the Toledo Hospital. The hospital has pledged the government 50 beds for soldiers at \$2.00 per

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Leibig's process for making Malt Extract destroyed the diastase and it remained for Prof. Trommer to develop the fact that while maltose as prepared by Liebig was an excellent nourishment for the sick, that diastase as preserved in a properly prepared Malt Extract such as **TROMMER'S** is the element which effects transformation of the carbohydrates into an assimilable form of food.

"Diastase normally exists in constant proportion all the tissues, organs and fluids of the human body where its action has been demonstrated to be intracellular, as for example, converting the glycogen of the liver that its product may be utilized for structural growth and repair of wastes."

Bechamp and Moro discovered that human milk contains diastase and that cow's milk does not contain it. In infant feeding many physicians have achieved brilliant results by the addition of diastastic Malt Extract to pure cow's milk, thereby supplying the vitalizing and energizing element (diastase) of which an artificially fed infant is otherwise deprived. Sixty-six per cent of the solids of human milk are carbohydrates, which the diastase of human milk seems to dispose of to the advantage of the growing child. Cow's milk solids consist of 36 per cent of carbohydrates, to which often more carbohydrates are added to make the quantity equal to human milk. Few realize the importance of adding normal diastase to assist the process of metabolism in the new born.

Malt Soups (Malzsuppen) have been largely used by Keller, Czerny, Gregor and Koplik. The latter says: "The Keller method of feeding with dextrinized gruels is one of the most useful methods of feeding marantic infants, and one in which, in a great number of cases of atrophy, has given me brilliant results. I have used this method of feeding in cases in which all other known methods have failed."

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day. Each bed will cost the hospital \$2.85—a loss of 85c per day on each soldier. Twenty Toledo Hospital nurses are now helping Uncle Sam; eleven are in France.

—Surgical work began at the new Holzer Hospital, Gallipolis, on November 25. Dr. Charles E. Holzer, who is in charge of the new institution, has been operating a small hospital in Gallipolis for seven years.

—A recent report from the Homeopathic Hospital at Ohio State University shows that 3,236 patients were treated during the past year. The patients represented every county in Ohio, 25 states in the Union and six foreign countries. A preponderance came from Franklin County, with Cuyahoga second.

—East Liverpool City Hospital has been placed upon the recognized list of hospitals in the state of Ohio as a result of the establishment of a children's ward, which has just been completed and is now ready for use.

—A collection of articles once the property of President and Mrs. McKinley were sold at auction, December 1, for the benefit of the Massillon City Hospital fund.

—Plans being drawn for the Columbus Children's Hospital will be ready for consideration in three months.

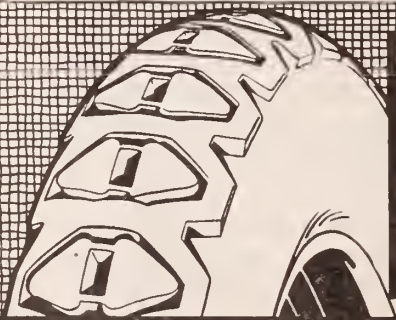
—It is reported that a residence property in Greenfield has been purchased and will be converted into a hospital.

—The budget submitted to the Cleveland City Council, November 19, included an item of \$143,640 to be spent in increasing the Cleveland City Hospital bed capacity from 650 to 800 beds. The amount will also cover the increased cost of food and attendants incident to the care of the 150 additional patients provided for.

—Declaring that the Miami Valley Hospital will face a deficit of \$20,000 at the end of this year and that an additional appropriation on the part of the city for next year will have to be made or a part of the service will have to be eliminated, Frank L. Canby, president of the board of directors, appealed to the Dayton City Commission for an increased rate for charity patients. He explained that while the hospital had been able to "break even" in past years, the present increased cost of coal, gauze and medical supplies has increased the cost per patient from \$1.74 per day during preceding years, to \$1.94 at the present time. The rate paid by the city is 94c per day.

—Plans for the McKinley Hospital, to be erected in Columbus at a cost of \$160,000, are almost completed. Work on the building will start in the early spring.

—Work on the interior of Mansfield General Hospital is progressing rapidly and it is expected that the building will be ready for occupancy in the near future.



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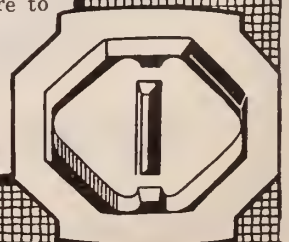
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NEWS NOTES OF OHIO

Portsmouth—Dr. George W. Chabot has moved to Peebles, Ohio.

Conneaut—Dr. Carlyle W. Dewey has been appointed health officer of this city.

Mentor—Dr. John W. Lowe has gone to Florida to spend the winter. He will return about May 1.

Mt. Gilead—Dr. J. C. McCormick was ill for one week during early December with organic heart trouble.

Franklin—Dr. Mark O. Pardee is recovering from an operation for gall stones, performed at Miami Valley Hospital, Dayton, November 24.

Cincinnati—Dr. Vera Norton, formerly of a sanatorium at Nashville, Tennessee, has been appointed a member of the medical staff of the city tuberculosis hospital.

Chardon—Dr. Albert D. Williams and family have moved here from Huntsburg. Dr. Williams has been commissioned a first lieutenant and expects to be called into active service soon.

Cleveland—Dr. Frank P. Corrigan, for 11 years visiting surgeon for St. Alexis Hospital, has gone to Chile to become chief surgeon of a hospital for miners and explorers, under a three-year contract with the Chilean Exploration Company.

Elyria—The Board of Health has named Dr. C. E. Clark district physician to succeed Dr. H. M. Metcalf, now in military service. Dr. Clark is a returned medical missionary who has been driven from the field of Bulgaria by the war.

CUTTING THE RED TAPE

We were particularly glad to learn that the Surgeon General has granted a captaincy to Dr. Joseph A. Link of Springfield. Several months ago Dr. Link offered his services and passed the necessary examination. However, since childhood he has been handicapped by an ankylosed joint which causes him to walk with a decided limp. Because of this condition, and despite the recommendation of the examining board, Dr. Link was denied a commission. Several of his Ohio friends pointed out to the Surgeon General that the defect had not prevented Dr. Link from carrying forward an active practice for many years. They further pointed out the inconsistency of appealing for medical officers and refusing the services of a man like Dr. Link. Evidently the recommendations were sufficient to cut the red tape, as the commission was issued early in December. This action indicates that the Surgeon General is prepared to waive the hard and fast technicalities and to select men in the future on the basis of their ability to serve.

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DEATHS IN OHIO

Gilmore Robert Stevenson, M. D., licensed 1896; aged 79; died at Youngstown City Hospital, December 2, of complications arising from a recent operation. As a member of the hospital staff of the U. S. Army, Dr. Stevenson was wounded at Vicksburg and honorably discharged for disability, after which he located in Hubbard, Ohio, where he has practiced for more than 50 years. He leaves a wife and three children.

Daniel V. Summers, M. D., Pulte Medical College, Cincinnati, 1888; aged 54; member of the Ohio State Medical Association, died at his home in Shelby, November 30. One son and one daughter, both students at Battle Creek, Michigan, survive.

Abram L. Sherick, M. D., Bellevue Hospital Medical College, New York, 1880; aged 61; member of the Ohio State Medical Association, died at his home in Ashland, November 16, following an illness of eight weeks with stomach and liver trouble. Dr. Sherick took ten post-graduate courses in New York hospitals, six in Chicago hospitals, three at the Mayo Clinic and one at

the Toledo hospital. In 1908 he studied in Germany under Professors Bumm and Kramer, in clinical work pertaining to gynecology and operative surgery. His widow and four sons survive.

Harry Lorenzo Chapin, M. D., Western Reserve University, Cleveland, 1893; died of injuries inflicted by an unknown assailant in Celveland, November 8.

George Wilbur Tucker, M. D., Miami Medical College, Cincinnati, 1879; aged 66; died at his home in Wilmington, October 31, from arteriosclerosis.

Ira N. Noland, M. D., Western Reserve University School of Medicine, Cleveland, 1882; aged 73; died at his home in Cleveland, December 2, after an illness lasting a year. Dr. Noland had practiced in Cleveland for 22 years. He was a veteran of the Civil War. The widow and two children survive.

William H. Wills, M. D., Starling Medical College, Columbus, 1879; aged 57; member of the Ohio State Medical Association; died at his home in Milford Center, November 26, from injuries sustained when his automobile crashed into a tree. Dr. Wills had practiced medicine at Mil-

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ford Center for 33 years. He leaves a sister and one brother.

James C. McMechan, M. D., Medical College of Ohio, Cincinnati, 1868; aged 70; member of the Ohio State Medical Association; died at his home in Cincinnati, November 28, after a short illness. After graduating from the local institution, Dr. McMechan studied in Germany, after which he practiced in Cincinnati for more than 50 years. His widow, two sons and one daughter survive. Dr. Frank McMechan of Cleveland is a son.

Frank B. Black, M. D., Starling Medical College, Columbus, 1886; aged 65; died December 3, in Cincinnati, where he had come for treatment while suffering from typhoid fever. Dr. Black made his home in Gilboa, Ohio.

William Merrick Seamans, M. D., Miami Medical College, Cincinnati, 1887; aged 55; member of the Ohio State Medical Association; died at his home in Delaware, December 5, of hardening of the arteries. Dr. Edward M. Seamans of Delaware and Dr. Harry Seamans of Columbus, head of the College of Dentistry at Ohio State University, are brothers of the deceased.

Roland C. Spear, M. D., Starling Medical College, Columbus, 1891; aged 53; vice-president and one of the original organizers of the Morrow County Medical Society; died at Lakeside Hospital, Cleveland, on November 26. He was stricken while in Cleveland on a visit to his brother, Judge M. W. Spear. Dr. Spear's death is a loss to the medical profession. Residing in Mount Gilead, he served as secretary of the Morrow County Society for many years, and his death will be mourned by a large circle of friends throughout the state.

Jesse Snodgrass, M. D., Bellevue Hospital Medical College, New York, 1867; died at his home in Kenton, December 8, following an operation held at Mt. Carmel Hospital, Columbus, several months ago. Dr. Snodgrass had been failing in health for more than two years. Soon after he began the study of medicine he enlisted in Company H, 74th Ohio Infantry, and was detailed to the medical staff of his company. He was later appointed as a member of the staff of the 8th Tennessee as assistant surgeon. Dr. Snodgrass, the longest established practitioner in Kenton, has held offices in the Hardin County, the Northwestern and the Ohio State Medical Societies, and at the time of his death was a member of the last named society. The widow, two daughters and a son, Dr. Will C. Snodgrass, who was associated in practice with the deceased, survive.

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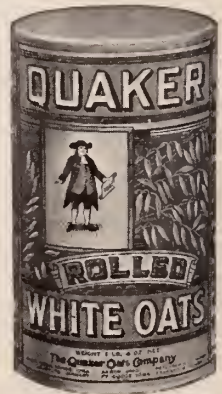
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**Next Meeting of the State Association,
Columbus, May 13, 14 and 15, 1918**

Editorials

The Surgeon General's Work.

There is a disposition in some quarters to criticize the administration of the Surgeon General's office. Here in Ohio, for instance, we were advised in September that there existed a tremendous *immediate* demand for medical officers—that thousands were needed. In response to the call many of our members applied for commissions and commenced settling their home affairs in preparation for immediate summons. They secured assistants to take charge of their practices, and they let their patients know that they might be called on short notice. Naturally, families made other arrangements for medical service. Many of these men, who answered the call in September and October, have not yet received their commissions or heard any definite word from Washington.

The reason lies in the fact that the Surgeon General's office, like every other governmental department, is simply deluged with war work.

On April 1, 1917, the Surgeon General's Office consisted of six officers and twenty clerks who occupied four rooms in a corner of the great building of the State, War, and Navy Departments. On December 1st the staff included 165 officers, employed 535 clerks, and occupied the whole of five buildings and parts of two others, while two large buildings are contemplated to house the increased staff which will be required to care for the work of the office. Three hundred office rooms are now filled by the Surgeon General's Office, and within two months 400 will be required exclusive of the library, the museum and the Army Medical School.

Six thousand telegrams and 5,000 other communications have been received and acted on and permanently filed in one working day of twelve hours, for there are no bankers' hours for the Surgeon General's Office. It is open for business 24 hours on every one of the 365 days of the year. Officers are at their desks as early as seven in the morning and the Civil Service employees forget all about legal limitations of a day's service.

At 7:30 every morning, Sundays and holidays as well as week days, the automobile truck of the Surgeon General's Office delivers the morning's mail to the sorting and distributing room in the Mills Building, at Seventeenth Street and Pennsylvania Avenue. Not later than 9:15 the entire mail is sorted and distributed and laid on the desks of the respective officers of disposition. Every day's mail is acted upon and returned for permanent filing within twelve working hours. The subjects involved include every possible phase of human activity, with the sole exception of the machinery of offensive warfare.

With an understanding of these facts we believe that you will be more charitable in forming your opinion of the work down in Washington, and in the main will agree with us that these men—from Surgeon General down—have accomplished wonders.

Usurpers, Attention!

The following from *The Journal of The Michigan State Medical Society*, is not without its application to our fair state:

"In our larger cities where greater numbers of our members have enlisted and departed for military service there is being noted a gradually increasing influx of doctors from outlying districts. This movement cannot be interpreted in any other way but that there are some who are selfishly grasping opportunities occasioned by the war, for the purpose of establishing themselves and building up a practice in cities. They are taking advantage of the absence of established men and are usurping their fields of activity and hope to maintain such practices as they may acquire when peace is declared.

"We wish to discourage any such activities and while this movement is not extensive we desire to discourage its becoming so. At a meeting of the State Defense Committee in Detroit in November this matter was discussed and the expression of the entire committee was that anyone who utilizes such an opportunity for selfish purposes merits naught but condemnation and disapproval of his acts.

"Temporarily one may become fairly busy on entering such new fields of work, but it will be but for the period of the war. Upon the return of the man who went forth to army duty his former patients will recognize his patriotic service to his country and will reward him by their re-enlisting as his patrons. Furthermore the State Society proposes to aid him in the re-establishment of his practice. We are hopeful that but few instances will arise that will require the exposure of usurpers. If you are eager for a change of location we recommend enlistment in the Medical Reserve Corps but if this does not appeal to you, stay where you are until our soldier members return."

How About Your County?

We want news. If you have no county editor as yet, elect him at once. The collection of news depends on the various county editors primarily. We want especially matters of professional interest, such as details of new hospitals, new equipment and clinical features of hospitals and institutions, matters of public health interest, and all from country districts as well as from cities. We want letters of criticism, disagreement, advice, and any other matter which is disturbing a

medical mind. The columns of *The Journal* are open to any communication which the legal counsel for the society will pass. It is your *Journal*. It is up to you to make it interesting.

Come On In!

This letter from Dr. A. Henry Dunn of Chilli-cothe, Captian in the M. O. R. C., who is with the British Expeditionary Forces, which reached us Christmas Day, is an editorial in itself. Dr. Dunn, writing December 6, from Blackpool, England, says:

"Editor, *The Journal*:—To help those who are tardy in joining the M. O. R. C., I wish to say, after three months of service, that the new phases met with in modern warfare surgery, the various opportunities to travel and study people and places are so interesting and useful that I would not sell my short service of three months for five thousand dollars, and I have not broken the crust, since we are today mobilizing to leave for Italy with (censored) General Hospital, an experience second to none.

"I have spent every minute with the greatest interest to myself and service to my fellowmen. Come in; the water is fine."

Health Insurance For Ohio.

The Ohio Health and Old Age Insurance Commission recently issued to the newspapers a statement calling attention to the report of the New Jersey Commission.

"The commission has been deeply interested in the formidable increase of sentiment for some form of health insurance," the statement says. "The latest appearance of this sentiment is in New Jersey where a commission has recommended to Governor Walter E. Edge universal health insurance for all wage-earners as a war-time necessity for strengthening the vitality of the country's population. The New Jersey commission is unanimous in stating the view that with the stress of war the increased demands made upon physical endurance call for greater conservation. Reciting the high percentages of young men rejected in the selective draft, the New Jersey commission says:

"As never before we need now to conserve, for present and future generations, the health and physical vigor of our people. Furthermore, it is the duty of statesmanship to look beyond our immediate pressing needs to the period of reconstruction at the close of the war. We cannot afford to disregard the protective legislative inducements already offered to workmen by our keenest commercial competitors in Europe."

The statement issued by the Ohio commission further points out that the New Jersey commission expressed the conclusion that health insurance gives great promise of relieving economic

distress due to sickness and of stimulating preventive agencies. The commission has recommended the use of existing health insurance agencies on an adequate basis at actual cost and with mutual management. Insurance, it is said, should provide medical care and health instruction in order that its work may be both curative and preventive. The New Jersey commission recommends both sick benefits and maternity benefits.

In a concluding paragraph the Ohio commission makes it clear that no definite plan has been decided upon for Ohio.

"Although commissions in Massachusetts and California also recommended health insurance, the Ohio commission does not consider the question closed. It will go as carefully into the question of whether it should make positive recommendations as if no state had previously reported. Because it proposes to inquire very carefully into every phase of the matter, it especially welcomes all possible discussion but believes that the interest of all concerned should be plainly stated so that if labor men oppose any phase or if employers oppose any phase of possible recommendations, or if any element has any objections to any suggestions, these objections may be carefully examined. The commission, however, in its policy of frankness, believes that it has the right to ask that all interests affected appear with equal frankness and will ask the people of the state to examine very carefully discussion which does not reveal the interest of those taking part."

Prohibition and the Doctor.

The seeming advance of prohibition in Ohio will, of course, affect the practice of medicine. Should Ohio become "dry" undoubtedly there will be crooked doctors who will become virtual "boot-leggers," and others who, through negligence, will become seriously involved. Should prohibition become effective, it will be necessary for the medical organizations to immediately work out a clear understanding with the federal officials as to the exact status of alcohol in medical practice. The pharmacists are giving the matter attention. *The Midland Druggist*, organ of the Ohio State Pharmaceutical Association, commenting editorially, on the rapid approach of prohibition, says:

"Has this condition any special interest to the pharmacist? It certainly has from very many viewpoints.

"The national government is becoming more and more severe in its restrictions and we are now informed that a physician's prescription for alcoholic liquors cannot be filled unless the dealer has in his possession a U. S. License; this, of course, does not include the state license, but the dispensing of liquor in any form is not legal without the license.

"Unfortunately the public has the impression

that alcoholic beverages may be had at any drug store and when prohibition comes it is certain to bring with it an amount of trouble for the pharmacist. It is well to begin now to try to correct this general impression so as to avoid as much as possible the importunities and demands that are sure to come with prohibition. If by united effort this public opinion regarding the ability of the pharmacist to supply the thirsty citizen can be changed by very careful and strict adherence to the laws now existing, the small financial loss to those who are disposed to be a little bit easy in such matters will be more than compensated by the great gain in ease and pleasantness in conducting the business in the future. These importunities and demands which are certain to come carry with them disagreements and even enmities that are far-reaching and lasting and the pharmacist is very short-sighted who does not use his utmost effort to prepare the way for an easy conduct of business in the future."

Patent Medicine Labels Must Speak Truly.

Ten years ago there was no ailment to which human flesh is heir that some maker of patent medicines did not claim to be able to cure with such ease that it seemed almost the height of foolishness not to part with the price for his nostrums.

Today, because of the operation of the Federal Food and Drugs Act, the extravagant promises of cure that characterized the labeling of the patent medicines of ten years ago have practically disappeared from the preparations that enter interstate commerce. They may, however, still be found in newspaper and other advertisements that are not subject to the act. The "pure food law," as it is known, is concerned only with the package as it is shipped in interstate commerce. If one questions the truth of a newspaper advertisement of a patent medicine let him read the label on the carton or bottle at the corner drug store. The latter will come nearer telling the truth about the medicine.

Misunderstandings, in regard to healing value of hundreds of alleged cancer cures, so-called "cures" for coughs, colds, consumption, kidney diseases, epilepsy, St. Vitus dance, and the like, have been corrected. This is told in the annual report of the Bureau of Chemistry, United States Department of Agriculture, which reviews the operation of the Food and Drugs Act in the safeguarding of the health of the American people.

The law requires the labels of patent medicines to declare the presence of any habit-forming drug, such as opium, cocaine, or alcohol, thus preventing the innocent development of the drug habit. This provision of the law is particularly valuable in warning mothers against the use of so-called infant soothing syrup containing opium.

When the act went into effect, drug addiction was so prevalent that frauds in the treatment of

the victims were frequent and in most instances the remedy advertised so forcefully by the labels contained the very drug from which escape was desired.

In 1907, the Bureau of Chemistry found that 30 soft drinks contained small amounts of cocaine. Practically all of these were suppressed. The Food and Drugs Act is regarded as having been an important factor in bringing about passage of the Harrison Anti-Narcotic Law, which more effectively controls habit-forming narcotics.

Much has been done, the report says, to control the indiscriminate use of so-called headache remedies containing dangerous, depressing drugs, and of dangerous cosmetics making claim to healing value; and in raising the quality of the supply of crude drugs through the examination of imports. As a result of co-operative work with the Post Office Department, a number of fraud orders were issued by that department preventing the use of the mails in promoting the sale of fraudulent medicines.

To Medical Authors.

Many of our members are preparing papers for presentation before the various sections of the Annual Meeting in Columbus, May 13, 14 and 15. If you will note a few simple points, your paper will be more readable, and you will help our editorial work immeasurably. First, and most important, papers should be condensed by leaving out word, phrase and paragraph which does not contribute constructively to the argument developed. Every sentence must be clear and express a definite idea. Spelling and punctuation must receive proper attention. Typing, margins, double spacing, paragraphing,—all must be clear and carefully worked over before submitting. The cardinal sin of the medical writer is verbosity. Avoid it. Many excellent papers have been returned for slight alteration or modification which would considerably enhance their value and would insure their acceptance for publication. All references should be numbered serially through the paper, and give only,—author, journal, year, volume, page. Above all, the medical writer should clothe his argument, as Thomas Hobbes advised, in "perspicuous words by exact definition first purged and snuffed from ambiguity."

The scope of papers accepted by *The Journal* is broad and is designed to furnish practical instruction to the general practitioner, especially in smaller towns, as well as to men specializing in cities.

Remember that one page of double-spaced typewritten copy contains about three hundred words. To be heard and understood by all, a speed of not more than one hundred and fifty words per minute is the most satisfactory. A ten minute paper then would contain about fifteen hundred words. To save time one should avoid

reading long historical prefaces, and references to published papers, unless absolutely necessary to introduce the subject. When the papers are submitted for publication, likewise omit prefaces and merely cite your references. You will materially increase your audience.

Those "Free" Clinics.

We have previously called attention to the "free clinics" being announced—and occasionally conducted—by chiropractors in various cities of the state.

It is simply an advertising dodge, urged by the chiropractic diploma mills. We herewith quote from an advertisement sent out by The Chiropractic Press, 1124 Foster Ave., Chicago, calling attention to sample "advertising literature" which the company issues and sells to "chiroso" to exploit the clinic idea:

"Dear Doctor—This is a sample of a bran new circular, specially prepared for advertising a free clinic. We cannot too strongly advise you to put on a free clinic. Those who have done so have found by experience it is the best ad they ever had. It brings many people who pay; gives you prestige in your community as a person who is trying to do some good in the world regardless of compensation, and as you are doing a charity work, your newspapers will gladly give you free write-up if you bring the matter to their attention."

Every Physician Should Have These in His Desk

We have received copies of the recently published editions of *New and Nonofficial Remedies* and of the Annual Council Reports.

New and Nonofficial Remedies, 1917, contains descriptions of the proprietary and unofficial medicaments which the Council deems worthy of recognition by the medical profession. Every physician who desires to further the cause of scientific prescribing, who is anxious to see this country purged of the blight of the nostrum, and who desires to aid in diminishing the domination of commercialism in therapeutics in this country should have a copy of this book for ready reference.

The Annual Reprint of the Reports of the Council on Pharmacy and Chemistry, for 1916, contains the reports of the Council which are adopted and authorized for publication during 1916. It gives the reasons why preparations which have been considered by the Council were admitted to *New and Nonofficial Remedies*, and also explains why certain preparations included in previous volumes are not contained in the latest (1917) edition. Up-to-date physicians should possess the Annual Council Reports, as well as *New and Nonofficial Remedies*, which will be sent postpaid for \$1.00 (Annual Council Reports, 50 cents), by the American Medical Association, 535 North Dearborn Street, Chicago.

Original Articles

Local Infection as a Causative Factor in the Production of Duodenal and Gastric Ulcer (a) of the Focal Process, (b) of the Resultant Ulcer*

W. D. Haines, M. D., F. A. C. S., Cincinnati, Ohio

Attending Surgeon First Surgical Service, Cincinnati General Hospital. Assistant Clinical Professor of Surgery, College of Medicine, University of Cincinnati.

BACTERIAL findings and their causal relationship to gastric and duodenal ulcer, have, in the recent past, assumed vast proportions in the study, literature and management of stomach and duodenal lesions.

During the past four decades surgery has demonstrated on the living subject perhaps every variety of stomach and duodenal lesion and brought us to a full realization in attempts at establishing a cure that we are dealing with terminal infections, end results of an infection located in some other region of the body which began in a more or less remote past. In the latter phase of this problem the laboratory man has played an all-important part in crystalizing the thoughts and theories of the profession into a rational interpretation of the symptoms of ulcer and methods for their relief.

The subject of ulcer is neither new nor lacking in interest, as a cursory examination of mediæval and modern medical history will readily demonstrate. Stahl (1660-1734) thought that the protection of the stomach walls from the digestive juices resided in the *sensitive soul*.

The immortal Hunter (1728-1793) in discussing the digestion of the stomach after death sought to explain immunity of the stomach during life by saying it was the vital power which saved the stomach from self-destruction. The great physiologist, Claude Bernard, believed that rapid proliferation of the endothelial cells lining the mucosa of the stomach out-stripped their destruction by gastric juice, but when the destructive process gained the ascendancy, functional stomach disorders ensued.

Many and fantastic were the views advanced upon this theme by the dominant minds in medical teaching in those days. It was not, however, until the year 1884 that pathogenic bacteria were introduced into the equation of stomach disorders. Mallasez and Gallippe¹ studied the germ life found in diseased conditions of the upper respiratory and digestive tracts and speculated upon their probable relationship to pathological conditions of the lungs, stomach and intestines without arriving at definite conclusions.

In 1897 Turck began a series of elaborate experiments along this line and published his results in the current domestic and foreign journals; his final conclusions were that ulcer of the

stomach and duodenum may be produced in dogs by feeding bouillon cultures *B. coli communis*².

Bolton, in the closing days of the last century, correlated the various hypothesis concerning the cause of gastric and duodenal ulcer and set about checking the theory that ulcer is a germ born disease. He succeeded by laboratory methods in producing lesions of the mucosa lining the stomach and duodenum, ulceration of the wall and perforation into the peritoneal sac with concomitant clinical manifestations including pain, hemorrhage, peritonitis and death in a goodly number of instances.

He recorded the results of his experiments in the British Medical Journal and presented the specimens to the Hunterian Museum.

Rosenau has clearly demonstrated the selective action of certain strains of germ life upon various tissues, organs and groups of organs.

Steinharter has shown the predilection of staphylococci for the stomach and joints when introduced intravenously, and Fischer has abundantly emphasized the important role played by apical canal and other focal infections in the production of the nephritides.

Today the clinical side of the case seems clearly proven; it was not, however, until after the physiologist and other laboratory workers sharply called our attention to their work that as clinicians we fully comprehended heart lesions, joint involvement, gall stones, appendicitis, pneumonia, ulcer and a host of other pathological conditions as being *end results* of infection. All of the credit of this revolutionary passage in teaching pathology should not be credited to the laboratory men. Surgeons learned many years ago that to resect infected cervical lymph nodes without removing the tonsils was to do an incomplete operation and that despite the fact that patients improved greatly after operation, a certain percentage did not fully recover.

I have elsewhere³ recorded numerous case histories of patients presenting the mimicry of gastric or duodenal ulcer who have been referred for operation, wherein removal of some local condition usually located in the gums, teeth or tonsils, relieved the urgent symptoms and resulted in a symptomatic cure, a cure, it must be admitted, which like all other ulcer cures did not persist in a certain percentage of the cases. There are undeniably a number of factors aside from mere

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exposure to bacteria which enter into the etiology of ulcer formation. With the possible exception of the oesophagus, the duodenum is the most fixed portion of the gastro-intestinal tract and lack of flexibility inherent in the more freely movable portions, subjects the antrum, pylorus and first part of the duodenum to a certain degree of mechanical irritation during the passage of food which may have a determining influence on the frequency with which ulcer abounds in this region. The first portion of the duodenum is peculiar in that it has no mesentery or vermicular action. The peptic glands in the ulcer bearing area penetrate deeply into the wall of the stomach similar to the follicles of the tonsil and like the latter are lined with highly organized, delicate, columnar epithelial cells which may harbor infectious bacteria.

There is a peculiar sacculated condition of the redundant mucosa lining the antrum and pyloric ring which serves as a buffer for the jets of chyme and particles of food thrust forward by the powerful contradictions of the body of the stomach, which leads to venous stasis and favors the lodgment of septic thrombi, and lastly there is the local influence of the gastric juice upon the altered region which rapidly completes the pathological process after the preliminary stage ending in ulcer. The region is freely supplied with blood and to some disturbance of the blood supply rather than to tropic changes do we turn in seeking a final cause for ulcer.

Whether or not you admit that the foregoing anatomical and physiological facts have a bearing upon the etiology of gastric and duodenal ulcer it should not require an imaginative turn of mind to comprehend that ulcer of the stomach or duodenum is just like ulcer elsewhere in the body plus anatomic and physiologic surroundings; furthermore that the same principles should be adopted in their management in seeking relief.

In the treatment of acute ulcer of the stomach or duodenum we should, in the light of our present knowledge, of causation, seek for a possible source in infected sinuses, gums, apical root canals, tonsils or overloaded colon, and after removal of such focal infection, treat the patient much in the same way we are in the habit of treating our typhoid patients.

This line of treatment will symptomatically cure many acute ulcer cases and a certain percentage of cases thus treated will remain well and free from ulcer symptoms.

When, however, the symptoms persist after a fair trial of such treatment or the symptoms recur after the patient has been discharged as cured, he should, on re-admission, be transferred to the surgical side. The dominant note in the discussion of gastric ulcer in a surgical section pertains to the management of chronic ulcer. They are distinctive and apart in their clinical course from the acute variety in that they heal,

partially break down again and again, ever involving a little more of the stomach wall which becomes infiltrated with newly formed connective tissue cells. The crater-like excavation presents undermined edges and the indurated surrounding tissue becomes less and less resistant until perforation finally ensues. Perforation in the greater number of instances is directly into the peritoneal sac, occasionally into a neighboring organ and sometimes the perforation is into a thickly indurated mass of tissue on the peritoneal side of the wall which has been induced by the long continued irritation of the ulcer.

Perforation still carries a high mortality but early recognition and immediate operation are improving our recovery statistics.

The type of operation for relief of ulcer perforation is to be determined by a number of factors, chief of which will be the general condition of the patient when he comes to the operating room. The length of time which has elapsed since perforation took place is a determining factor, not alone in selecting a method for dealing with the accident but likewise in foretelling the probable outcome. In the main the practice in vogue with surgeons in dealing with intestinal obstruction is applicable to the management of ulcer perforation, that is to say, do not attempt too much. The less operative interference consistent with getting a water tight joint at the site of perforation and providing suitable drainage, will best subserve our purpose, in all save a small percentage of instances. Secondary operation may be instituted to relieve further manifestations when requisite, but for the present our efforts should be solely devoted to saving life.

Perforation usually takes place in the thick chronically infiltrated wall and in order to secure a non-leaking joint this indurated tissue must be resected in order to get suture material to hold.

With quick comprehension of the damage wrought and repaid efficient technic, this procedure will save a high percentage of the patients with perforation who come to operation within the first twelve hours after the onset of symptoms of perforation. Hemorrhage is one of the calamities of chronic ulcer which although alarming, rarely proves fatal in the first attack. Absolute rest, a round dose of morphia and atropine hypermatically, an ice cap applied over the stomach region, horse serum subcutaneously and calcium chloride in 2 Gm. doses internally is a scheme of treatment which has served to stop bleeding in all save one instance of extensive ulcer hemorrhage in a personal experience extending over two decades.

The value of gastro-jejunostomy in the surgical treatment of gastric and duodenal ulcer has long been recognized by the profession, but faulty conception and application of the fundamental principles underlying the indications for this

procedure and the disappointing results which must necessarily follow, have led to discussion which betimes assumed acrimonious phases.

Years ago all surgeons doing stomach surgery selected this type of procedure in dealing with ulcer in the fundus and other parts of the stomach wall far removed from the pylorus which were in no conceivable way interfering with the passage of food through this outlet, and the results were worse than useless in that the patient had been subjected to unnecessary hazard and the failure served to bring discredit upon the operation.

Some surgeons now fully realize, after having spent a quarter of a century in studying local conditions within the abdomen, under the guidance of sight and touch that dyspepsia having its origin in the stomach or duodenum constitutes but a small fraction in the case, referred for operation—disease of the gall bladder and bile passages, pancreas, appendix and focal infections of the month, sinuses and tonsils are now recognized as comprising by far the greater number of causative factors in the production of "stomach disorders."

In checking the end results of ulcer patients submitted to gastro-jejunostomy in response to letters of inquiry from other surgeons, I found that 15 to 20 per cent. of the patients whom I could trace were in no way benefited by the operation; 30 per cent. had marked, but not complete relief, and 50 per cent. of the patients were cured and remained free from former symptoms.

Failure and indifferent results in groups 1 and 2 of this record do not reflect upon the value of the operation, but serve to accentuate the fact that the operation was contra-indicated.

The dictum, never perform gastro-jejunostomy in the absence of demonstrable ulcer, must not be blindly followed; like all other surgical shibboleths there are exceptions which are determined by experience alone. Blindly following this rule has been fraught with disappointment to both operator and patient and entailed the necessity of further surgical procedure ere relief was obtained. I have in mind three patients wherein extensive peri-gastric adhesions were causing much distress and loss of mobility; the operation was terminated as an exploration for the reason that we were unable to demonstrate the presence of an ulcer. Symptoms which had been present before exploration persisted and were wholly relieved by subsequent gastro-jejunostomy. The frequency of peri-gastric adhesions which present symptoms demanding relief have, in my experience, been relatively infrequent and almost invariably associated with chronic disease of the gall bladder, bile passages and pancreas. This experience led me, some years ago, to the practice of draining the gall bladder in conjunction with operative procedure done upon the stomach. The type of case here represented will present symptoms in keeping with the amount of stomach

wall involved and will find clinical expression in impartial motility, stasis and other evidence of pyloric stenosis.

Pain in such instances is not marked by exacerbation and remission so characteristic of uncomplicated ulcer; it is continuous and of lesser degree in severity. Conditions found at P. M. in this class of patients usually pertain to ulcer situated in an inaccessible region which had, by the process of perforation induced a localized peritonitis and become adherent to some neighboring organ of the upper abdominal group such as the liver, pancreas, transverse colon or abdominal wall.

Chronic ulcer of the stomach is now recognized universally as being potentially cancerous. The observations that 80 per cent. of all stomach lesions were confined to the pyloric 1/5 of the organ and that their tendency was to chronicity and induration, led surgeons years ago to attempt to resect this area, with a view to curing the present and preventing future trouble, but a prohibitive post-operative mortality caused them to abandon the operation for a time for the less complicated procedure of gastro-jejunostomy either with or without excision of the ulcer site.

Simple excision or artificial perforation with suture when the ulcer is located in an accessible position requires but little additional time and does not materially increase the mortality. If the tissue thus removed results in narrowing the pylorus, a gastro-jejunostomy should be done at the time to relieve pyloric embarrassment. When either curvature is involved by chronic ulcer, preference should be given to circular resection of the ulcer bearing part of the stomach.

Ulcer situated in the posterior wall of the stomach is usually associated with peri-gastric adhesions which fix the stomach and render the organ difficult or impossible of removal from the abdominal cavity. In such instances, we may be forced to be content with an anterior gastro-jejunostomy in our efforts to relieve pyloric insufficiency and the resultant food stasis.

The frequency with which cancer is implanted in the margins of unhealed ulcer is proving, by examination of statistics now available from the larger clinics, to be approximately 75 per cent. Two significant facts have been developed in dealing with the surgical disorders of digestion in recent times; first, the frequency with which the stomach is the site of malignant growth; second, and by far the more important, that the disease is curable. In about one-third of all deaths from cancer the growth is located in the stomach. There is a discouraging note in the observations made at the operating table which pertains to our inability to differentiate between benign and malignant tumor of the stomach wall at the time of operation, but as both should be removed, this handicap does not jeopardize the patient's chances.

The surgical dictum for our guidance in oper-

ating for cancer of the lip, tongue, breast, uterus and other organs—of early, thorough excision, with resection of the neighboring lymphatics—is applicable in operating for cancer of the stomach and when followed, perhaps offers equal, if not better, opportunities for permanent relief. Early operation for cancer of the stomach is an operation attended by a moderate risk when performed by a surgeon of experience in stomach surgery. Extension to neighboring organs and secondary deposits in remote parts are late manifestations and contra-indications for radical operation for cancer of the stomach.

The great problem, therefore, before the profession today in connection with the successful management of cancer of the stomach is to find some means whereby we may recognize the presence of the disease at a time when operation will offer most for radical cure.

In the light of past experience we are surely warranted in removing from the stomach as from the breast, uterus and other regions, pathological conditions which experience has taught us may and frequently do develop malignant changes when permitted to remain undisturbed. Much benefit has been accomplished in advancing the cancer problem by educating the public and the profession to the necessity for early, radical operation for the relief of malignant neoplasms prior to glandular involvement cachexia and other secondary symptoms formerly considered essential to establishing the diagnosis.

May we not say in all candor that cancer of the stomach has no symptoms other than those presented by chronic ulcer prior to the time when surgery is of little avail and the patient is hopelessly doomed?

The X-ray is our most potent ally as an aid to diagnosis, and will materially add to the value of a well written clinical history in our attempt to establish an early diagnosis, but as I write these lines not a single shaft of light penetrates the darkness of uncertainty which obscures the early recognition of cancer of the stomach from a personal viewpoint.

At times I have trusted the persistence of ulcer symptoms which did not show periods of relief as being indicative of cancer only to be disappointed so frequently as to render the observation all but useless and untrustworthy.

Today I have come to look upon the persistence of chronic ulcer symptoms as possible manifestations of beginning cancerous invasion demanding radical operation. Many a benign ulcer will be removed if one follows this plan, but until some more definite means of diagnosing the disease early is discovered, in this plan lies our only hope for improving end results in operating for cancer of the stomach.

The best illustration of the uncertainty of opinion relative to the presence or absence of malignant change in the ulcer margin lies in the

admission of surgeons of wide experience in the technic of stomach surgery, of their inability to differentiate between chronic indurated ulcer tissue and cancer after they have opened the abdomen, palpated and viewed the lesion. The early differential diagnosis of cancer of the stomach is a subject for laboratory decision, a decision based not upon test tube, but wholly upon microscopic studies of the neoplasm and the earlier the decision the better will be the chances of your patient for obtaining permanent relief.

In 1908 I resected the pyloric end of a stomach containing an indurated mass the size of a hulled walnut which proved to be malignant; the patient is alive and well today.

As we no longer wait for the "lump" and gas formation to aid in the diagnosis of appendicitis, so we must cease to look for coffee ground vomitus, cachexia, lymphatic or bone involvement and other signs of death formerly regarded as essentials in the diagnosis of cancer of the stomach.

The technic to be employed should be suited to the case and not founded upon a preconceived idea, by far the greater number of cancer subjects are poor surgical risks and it should not be forgotten that a two-stage operation will safely carry a patient through the hazard of operation where a radical operation would almost certainly end in disaster.

We have found the intravenous use of saline for two or three days preceding the operation to be of signal value. We also give saline subcutaneously during the operation and per rectum in the post-operative treatment.

It is truly remarkable how rapidly these half-starved patients pick up after gastro-jejunostomy and how soon they round to as comparatively safe risks for radical operation. But few surgical risks require keener discernment in their successful management than the type of case here under discussion. The favorite method of excision with most surgeons is the Billroth No. 2. Palliative procedures in the hopeless cases must be left to the judgment of the operator, never forgetting that six months to two years of life and comfort may frequently be given these doomed victims of cancer of the stomach.

Whatever method one adopts in the surgical management of cancer cases the operative measures should be rendered as safe as possible by pre and post-operative treatment to the end that most may be accomplished for the patient, improve the reputation of stomach surgery and convince the patient and profession that to be of greatest avail, operation should be sought not as a dernier resort, but at a time when it offers most for a permanent relief from the dire scourge of cancer of the stomach.

1 M. & G. Soc. de Biology, 1884.

2. Ill. Med. Journal, May, 1906.

3. Miss. Valley Paper, Lexington, Ky., Oct. 19, 1915. Transactions Miss. Valley Meeting, Oct., 1915.

Classes for the Conservation of Vision in the City Public Schools

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THE education of the blind dates back to about 1784. At that time Valentine Haüy, a French priest, discovered that persons without sight can learn to read with their fingers from characters embossed upon paper. It was not until the twentieth century that any systematic effort was made to differentiate in the methods of instructing children who are totally blind and those having some vision. So far as I know the first efforts in this direction were made by M. Bishop Harmon, in London, and by the school authorities of Strassburg, Germany. Doctor Harman's classes are known as schools for myopes. These classes contain mostly children suffering from myopia, although a few with other eye-defects are accepted. They deal with much larger groups of pupils than do the conservation of vision classes in this country.

The first class for "semi-seeing" children to be opened in America was organized by the Boston School Committee in the spring of 1913. It was opened at the urgent request of the Perkins Institute for the Blind, and for some time it received material assistance from that institution. In the fall of the same year the city of Cleveland opened its first class for the conservation of vision. Since that time Toledo, Cincinnati, Mansfield, Ashtabula, New York, Springfield, Mansfield, Ashtabula, New York, Springfield, Massachusetts, New Bedford, Massachusetts, Cambridge, Massachusetts and Lynn, Massachusetts, have organized similar classes. They are variously known as "Semi-seeing Classes," "Conservation-of-Vision Classes" and "Sight-saving Classes."

So far as this country is concerned, conservation-of-vision classes grew out of the complications resulting from the presence of children with considerable vision in schools intended for the blind. Pupils who, by reason of defective vision, have proved misfits in normal public schools, have been for many years referred to schools for the blind. Educators of the blind have made little effort to classify their pupils along the lines of the degree of vision which they possess. The traditional method of training the blind is through the sense of touch, and any child assigned to a class for the blind has been compelled to learn to read with his fingers. Any teacher of the blind will testify that many of the pupils referred to her school have sufficient vision to enable them to make some use of ordinary ink print. Their remaining fraction of vision, though, may not enable them to see the blackboard from the front seat. Their visual

defect may be of such a nature that any continued amount of close work is attended by so much nervous strain that it would be very unwise for them to undertake the work of the regular public school class.

Efforts to teach finger reading to children who have sufficient vision to make any use whatever of ordinary print are seldom crowned with much success. Few persons enjoying this much sight apply themselves long enough at a time to become good touch readers. Partially blind children have been blindfolded by every conceivable contrivance but there artificial substitutes for will power are of little avail. When the watchful eye of the teacher is withdrawn, the bandage over the eyes works loose. Even the pretense of reading the Braille letters with the fingers is soon discontinued. One need not have the opinion of an eye specialist to convince him that the practice of reading the white dots on the white paper, with already weakened eyes, is extremely bad ocular hygiene. Furthermore, classrooms for the blind are often poorly lighted. Naturally little attention is given to the direction of the source of light, or the quality of light supplied. Pupils with a fraction of vision would frequently be better off attending the regular public schools and doing their studying in the ordinary way than at a school for the blind.

In the fall of 1913 those responsible for the education of the blind in Cleveland determined to recognize frankly that persons possessing a certain degree of useful vision seldom use the art of finger-reading to an extent justifying the time and energy devoted to its acquisition.

Accordingly, the Waverly public school building was designated as a conservation-of-vision school. To this building were referred eight or ten children seriously handicapped in regular school work by reason of defective vision. They possessed sufficient eyesight to enable them to make some use of ordinary book print. To be a little more explicit, children now assigned to this class are those whose eye-sight is so defective as to make continuous use of ordinary book-type inadvisable, and whose distance vision with glasses is more than 6-60's and less than 6-15's. Children with high refractive errors, which are likely to be progressive unless all eye-strain is removed, are also regarded as suitable candidates though their degree of vision may exceed 6-15's.

In undertaking this work, we had three fairly definite aims; first, to instruct the pupils with a minimum of eye-strain; second, to teach them how to conserve the vision they possess; and third, to provide such vocational guidance, and

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if necessary, vocational training as will enable them to fill the most useful places in the community their powers will permit. The success of the Waverly class was so marked that similar work was organized in five additional buildings. In developing the work care is taken not to set these children apart from others any more than necessary. The regular organization of the school is disturbed as little as possible, and not more than ten pupils are assigned to any one building.

In buildings designated as conservation-of-vision schools a room is set aside for the use of children with defective eye-sight. A teacher is placed in charge of the room whose function it is to assist these children to keep pace with the boys and girls enjoying normal eye-sight. All written work is done in the special room. Practically all oral work is performed in the regular grade room with the other children. For example, a fifth grade child does his written arithmetic, map work, reading, written composition, and writing with the special teacher. Oral arithmetic, geography, history, grammar, oral spelling, etc., are recited in the regular fifth grade room.

Much emphasis is placed upon hand-training in the sight-saving classes. These pupils are taught to use their hands without looking closely at what they are doing. We hope in this way to relieve them of much habitual eye-strain in their everyday occupations.

The building selected for conservation-of-vision work should of course have reasonably good lighting conditions. The special room should be a model so far as eye-hygiene is concerned. The more desirable directions of the source of light are, in order of preference, northeast, east, north and east, northwest, north and west.

The glass area should equal not less than one-fifth the floor area. In case of bilateral lighting, the walls containing windows should be adjacent. The light coming from the rear in such rooms should be of less intensity than that coming from the left, otherwise troublesome body shadows upon the desks may result. Windows should be provided with adjustable window shades which enable the teacher to exclude direct rays of the sun without darkening the entire window. When adjustable window shades are not used, the windows should be equipped with two shades, one at the top and one either at the bottom or at the top of the lower sash. An adequate scientifically planned artificial lighting system is essential for use on cloudy days. Semi-direct lighting usually gives the best results. Glare should be reduced to a minimum by refinishing the desks and all other woodwork with a mat surface. The walls should be decorated with a good neutral tint, preferably French gray, and should be done with kalsomine or some other dull finish. Adjacent buildings should be sufficiently distant to permit a good sky-line. Five

degrees of sky should be visible from every part of the room in which the children are required to work.

The blackboard is the most essential part of the equipment of such rooms. The room should be fitted with good slate boards and a plentiful supply of blackboard cloth and desk writing boards.

The teacher of such a class should be under the constant advice of an eye specialist with whom she can counsel frequently regarding the ocular condition of each pupil. The amount of close work which any child may safely perform depends entirely upon the peculiar condition of his eyes. If any use at all is made of ordinary book print it should be upon the advice of the attending ophthalmologist. All textbooks as yet supplied to children in the conservation-of-vision classes in Ohio are printed in a 36 point clear face type. An unglazed book stock paper, with a slightly buff tint is employed. As this is a pioneer work, and as no cities outside of Ohio have undertaken any considerable amount of printing, we have at present only a limited supply of reading text. These books are designed for children from the first to the sixth grades. For the most part children in these classes must depend upon manuscripts prepared by the teacher.

Written work in these classes is done largely upon the blackboard. Certain pupils are permitted to use a soft heavy pencil such as is commonly found in first grade class rooms. This pencil work is done upon an unglazed manilla paper. The pupils are introduced to the type-writer in the fifth grade. After they have become proficient upon this machine, by use of the touch method, much of the written work such as compositions, examinations, etc., are written in this way.

A study of the distribution and the social status of the conservation-of-vision pupils throughout the state of Ohio presents some interesting facts. About sixty per cent. of these pupils come from families where the income is less than what is usually considered a living wage. Mal-nutrition is given as the direct or indirect cause of a large proportion of the eye trouble among these children. In many cases serious eye-defects might have been obviated had medical attention been provided at the right time.

The spread of sight-saving classes to the smaller cities has given an opportunity to compare the prevalence of defective eye-sight in large and small places. In Cleveland we have found one conservation-of-vision pupil to every two thousand of the school population. The same ratio would seem to hold in Cincinnati. In Mansfield, Ashtabula and Alliance the ratio is about one to every two hundred of the school population. Is this possibly not a tribute to the medical inspection work which has been in operation in the large cities for a number of years?

Considering for a moment the future develop-

ment of this form of special school activity, it would seem that sight-saving classes in Ohio have just begun. Vocational guidance and vocational training will yield most fruitful results in increased personal efficiency and the conservation of vision. The surprising proportion of children with defective eye-sight in the smaller cities would indicate that for a time at least every city having a population of 20,000 or more is in need of a class of this kind.

The liberal subsidy afforded by the state should make it easy to convince boards of education of their duty toward children of this kind.

The local private physician and public health

doctor can assist in this movement. The State Commission for the Blind is giving much attention to the organization of these classes. Surveys of the eye condition of the school population of a number of smaller cities have been made by Prevention of Blindness nurses. If the private eye specialist and the school physician would keep a list of the children with serious visual defects who have come to their attention, they would be able to provide the state commission with a nucleus for such a class. With such a start a very cursory examination of the school children of the city would usually make it possible to assemble a group of six or eight such pupils.

Care of the Perineum During the Second and Third Stages of Labor*

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THE care of the perineum during the second and third stages of labor is of the utmost importance. As Oldhausen has well said, "The preservation of the perineum during a physiological birth is an important procedure, indeed, the weightiest of the medical art." Modern repair of the lacerated perineum may be said to have begun with Ambrose Pare, but it was some time later than the fifteenth century that an effort to avoid the disastrous results of child-birth was scientifically considered.

A glance through the literature shows many and varied recommendations for the preservation of the perineum, from the rubbing in of salve to the use of different mechanical devices. None gave satisfactory results and many highly vaunted methods did not outlive their sponsors. Gradually two opposing schools grew up, the one pointing out the harmfulness of the efforts to support the perineum, the other recommending some effort at support. As knowledge grew, the nearer the respective advocates came to the truth of the mechanism of birth and the less radical the measures became.

It is now generally recognized that little can be done directly to save the perineum during childbirth. Barry Hart, in a discussion on the care of the perineum before the Edinburgh Obstetrical Society, in explaining his technique in which he places his thumb on the perineum, a towel between, and extends the fingers over the advancing head to the nap of the neck, says that he could not be classed with those who do not support the perineum. Though Hart's position of the hand may be used for controlling the forces in delivery, yet no feeling of security should be placed in it as protecting the perineum directly from injury. In his position of the thumb, if much external pressure is used by the thumb, is it not grinding the tissue of the per-

ineum, which is already at the bursting point, between the thumb and the oncoming head? The idea of protecting the perineum directly may, with the above citation, be dismissed. However, a very great deal can be done indirectly for the care of the perineum, by directing the forces concerned in the expulsion of the child and in the correction of the malpositions. The consensus of opinion may be summed up in the following statements: 1. Avoid a too rapid delivery by allowing the fascia and muscles time to stretch. 2. Allow the head to pass through only in its smallest diameters. 3. Allow favorable delivery of the shoulders.

It is important to have control of the rate of the expulsion of the child. The critical time for the perineum is just before the largest diameter of the head passes through the vulvar outlet. Now the vulvar ring is distended to the bursting point. It is here that episiotomy is considered. If tearing starts, an effort must be exerted to avoid the rapid expulsion or the too rapid retraction of the levator ani over the largest diameter, thus pulling the perineum, in its weakest point, against the brow and the nasal bones, causing the tear to deepen. The obstetrician must be prepared to retain his relative position for the control of the child's head, no matter how the movements of the patient may change the operative field. Failure to retain his relative position accounts for many tears, which would not otherwise occur. The same care is to be taken of the shoulders. Controlled delivery and passage in the smallest diameters is the object to be desired. At times, during the delivery of the shoulders, if not prevented, the contraction of the levator ani may force an elbow up across the chest, into the vulvar ring, thus increasing its diameter and causing the injury which the head has failed to do.

The greatest point in saving the perineum is to be so master of the situation, that delivery of the

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head will be accomplished between pains. To secure this the patient should be sufficiently anesthetized to prolong, if necessary, the interval between these pains. The obstetrician must be free from any further responsibilities at this time, other than the delivery of the head and shoulders. The neglect to observe this is the one grievous fault. His entire attention now must be on the work he has in hand to do. It must be recognized, however, that control or retardation of the forces of labor can be overdone. Undue retention of the head in a powerful levator ani, or a rigid perineum, may cause such a degree of compression of the child's head that tearing of the meningeal vessels may occur.¹

Luschka, in his classic illustrations and descriptions of the anatomy of the levator ani, which have been used in many text-books of obstetrics and gynecology, states that fibers arise on the descending ramus of the pubis, called pubo-coccygeus, and are inserted behind the anus in a tendon in common with the fibers of the other side, sending no fibers to the vagina or rectum and only a few short, unimportant fibers to the perineum. It is represented as horse-shoe shape, the anterior opening for the passage of the rectum and vagina and urethra. From my dissections of female pelves, I find there are fibers of the levator ani, which arise from the posterior surface of the body of the pubis as well as the descending ramus and that they send fibers to the vagina, perineum and rectum, as described by Piersol and others. This is readily seen by stripping off the peritoneum and viewing from above. Approaching the levator ani from below, it is seen to be reinforced by fibers running from before backwards, having their origin about the middle of the descending ramus of the pubis and inserted into the anterior lateral portion of the anus. These fibers do not unite in the perineum in front of the anus. The fibers diverging thus from the anus form a "V," whose apex is broad and is filled in by the anterior portion of the sphincter ani. The fibers forming the sides of the "V" are the self-same fibers, frequently pointed out by gynecologists as the ones so important to expose and unite in repair of the perineum.

The action of the pelvic outlet during the mechanism of birth has been frequently studied. Various authors and more recently Vernier, has shown in his inaugural thesis, that the normal retarding point in the forces of labor is the coccyx. It is here, in this region, that the full action of the muscles of the pelvic outlet are displayed.

The levator ani muscle is so constructed, by its origin, course and insertion, that it assumes a musculo-fibrous canal during the birth of the child, very much the shape of an elbow of stove-pipe with its accordion pleats; the lateral and posterior walls elongate downward and forward.

To gain this amount of elongation in the direction transverse to the course of its fibers, the levator ani fibers separate transversely from one another and in groups. This accordion like stretching of the posterior wall of the birth canal is seen by the enlargement of the anal canal, when the perineum is at full distension. Kuster ingeniously studies this stretching by marking the perineum with indelible dots and observes the separation of the dots; he claims they assist him in the repair of the torn perineum.

As the largest diameter of the head is passing through the vulvar outlet or end of the canal, the muscles transversus perinei superficial and deep, the sphincter vagina and the fibers of the above mentioned "V" of the levator ani, are on the stretch. It is just before this moment that the advisability of performing episiotomy is thought of. This is a very important time for the perineum and it often rests with the obstetrician to turn defeat into victory. That a woman may pass through labor with no pathologic tears, we know, the muscular and fascial stretching being sufficient to allow the forcette to stretch nearly as far anteriorly as the pubes and 10cm. or more below. But the many relaxed perinei, with more or less deep sulci on either side bears testimony to the fact that the musculo-fascial support of the vagina has been too severely taxed and has given way. The perineum is so constructed that it allows of great distensibility, due to the increased development of the involuntary muscle fibers it contains.² This distensibility allows the stress to come on those parts which are resistant. If these parts do not stretch sufficiently injury is inflicted at this point, where the line of stress crosses the line of resistance. This place of injury is found to be where the line of stress crosses these fibers of the levator ani, forming the above mentioned "V." This also is the point where the tension on the transversus perinei muscles is greatest. The tearing of the fascia and muscles at this location cause the formation of the sulci. The formation of the sulci, in my experience, may occur when the muscles have had more or less time to dilate. This is an unpreventable laceration. The perineal central tear is associated more often with rapid expulsion.

In lacerations of the birth canal the question when to repair, comes to the obstetrician. At the present day the majority of obstetricians favor immediate repair—there are those, chiefly Hirst, who wait five or six days and then repair. This is known as the intermediate repair. Hegar, in 1903, from his experience, recommends no repair at all, but just to bind the legs together, and claims better healing with less danger of infection to the patient than is obtained by any form of suturing. Issue has been taken with this practice by almost all writers.

As well as when to repair, comes the question what is important to repair. Budein, of Paris,

in his *Obstetrique and Gynecologie*, in discussing Emmet's epoch making paper, accentuates the point, that repair of the posterior vaginal wall, that is the sulci, with no repair of the perineum corrects the injury. From the above description of the formation of the sulci, we realize that vital supportative structures have been injured and their restoration to the normal is a necessity. The point of importance is to unite this torn fascia of the levator ani forming the side of the "V" and the transversus perinei muscles respectively, first on the one side and then on the other, thus repairing the sulci, thereby re-establishing the anterior support of the sphincter ani. The central perineum, when torn, can readily be sutured. I use all buried

sutures and usually introduce them before the expulsion of the placenta.

CONCLUSION

There is little hope of protecting the perineum directly, but indirectly a very great deal is accomplished by:

1. Avoiding a too rapid delivery, thus allowing the fascia and muscles time to stretch.
2. Allowing the head to pass through in its smallest diameters.
3. Allowing favorable delivery of the shoulders. An immediate anatomical repair of the injuries to the pelvic outlet should be made.

REFERENCE

1. De Lee.
2. Studdiford.

Factors to Be Considered in the Treatment of Pelvic Infections*

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THE most common menace to woman is pelvic infection. Its consequences are so far reaching as to justify its frequent discussion, for aside from its effect on the patient, it is disastrous to the home and to the future of the race.

Like many other diseases it is preventable in a large degree and our first aim should be toward its prophylaxis. This brings us frequently to the old story of gonorrhoea and abortion. And these in turn bring us quickly face to face with essential characteristics of human nature, or perhaps it might be better to say animal nature. So long as man carries gonorrhoea about under the guise of pleasure and so long as woman risks the disastrous effects of abortion for her protection, the hope of prevention is slight and we will therefore do well to devote ourselves for the remainder of the paper to the treatment of the condition.

The gonococcus is a frequent infecting organism, but when not accompanied by a mixed infection, runs a definite course and usually subsides without treatment. The resulting crippling of the tubes and sterility are, however, quite familiar to all.

Purpuril infections are more disastrous to the woman than gonorrheal. It may attack the uterus, especially in an instrument abortion, where there has been injury done to the uterine wall. In such cases there is a boggy uterus and a low grade of continued infection.

Quite often such cases are submitted to repeated curettment, hoping to find debris in the cavity to account for the sepsis. Unfortunately many times such procedure is followed by the extension of the infection. If the physician would substitute exploration by the finger of the uterine cavity in suspected cases for the curette, much harm to the patient would be avoided.

Where the infection invades the tubes, peritoneal involvement occurs. The familiar picture of acute salpingitis appears with secondary pus formation, which may require drainage in the acute stage and radical operation in the chronic.

One type of infection, the streptococcus, is the most dangerous. It seems to spread so rapidly that the patient's powers of resistance are overwhelmed before the patient can get her defense in shape.

There is no operative treatment except in case of abscess formation. With few exceptions in my experiences operative treatment is followed by death.

For some unexplainable reason, the streptococcus abscess has an affinity to attach itself to the fundus of the bladder and to the abdominal wall. When we find such abscess locations, I assume it may be streptococcus, and do as little operation as possible to prevent the scattering of the infection.

Tubercular infection of the abdomen and pelvis usually develops slowly. It is on account of this characteristic slowness that when found out, there may be extensive involvement of the cavity.

How rarely do we open into an abdomen with beginning tuberculosis. In contrast, we see the myriads of tubercles, large cheesy tubes, multiple adhesions and masses. Any case developing mild pelvic and abdominal symptoms, with a tubercular focus in another portion of the body should call for a careful search for peritoneal tubercular involvement.

There is no pelvic and abdominal infection which responds more generously to early treatment than tuberculosis. But, when the caseous stage is reached or mixed infection appears the result of surgical treatment is uncertain.

When the patient is first seen, the common custom of relieving the pain with morphia and then purging the patient should not be followed. The

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first masks the diagnosis symptoms, and the second may defeat nature's efforts in the walling off process. If the doctor would appreciate the value of cold in the relief of pain, many difficulties in diagnosis would be removed. By the use of an enema the lower bowel may be relieved and the extra gas pressure lessened. A sitz bath of fifteen minutes at intervals of several hours will frequently relieve or alleviate local tenderness and pain. Lavage of the stomach will relieve the retching and lessen the intestinal peristalsis. No liquids should be given by mouth while the nausea persists, but plenty of fluid should be given by the rectum or by hypodermoclysis.

When, as commonly happens, there is a mixed infection, some surgical procedure, usually drainage, may be necessary. I cannot subscribe, however, to the treatment in acute gonorrhoeal cases suggested by Dr. Coffey, i. e., opening of the abdomen and loosely packing the pelvis with iodoform gauze. Such a plan will surely lead to serious adhesions and perhaps to obstruction. As a rule I believe an acute pelvic infection should be given time to subside or to form an abscess, which latter termination, of course, requires drainage.

Tubal infections may develop complications in three ways: first, by leakage at the fimbriated end of the tube with the formation of tubal and cul-de-sac abscesses; second, by the formation of pyosalpinx, which of course destroys the function of the tube; and third, by leakage of the tube into or between the folds of the broad ligament with the formation of an abscess. This latter condition cannot be drained by ordinary methods, but Dr. Cullen has suggested drainage from above by opening down into the broad ligament abscess cavity extra-peritoneally. This method of drainage did not seem justifiable when first presented, but I have found broad ligament abscesses to subside quickly under such treatment.

Cul-de-sac drainage is an old method of treatment for abscesses of the first two types mentioned above, but the exact procedure to follow is still under debate. Some surgeons say that a simple puncture is sufficient. Others advocate puncture with exploration by the finger to break up any other pus pockets which may have formed. Most surgeons advocate the use of drainage tubes. A few use gauze drainage.

Irrigation of the cavity is both advocated and condemned. Occasionally a very good surgeon will even advocate the radical abdominal operation for the acute condition.

The goal to be attained by the operator is to relieve the condition with the least possible danger and the largest possible chance for ultimate cure. Let us consider then how this end result may best be accomplished.

I think we can all agree first, that cul-de-sac drainage is indicated in all pelvic infections with

the formation of cul-de-sac abscesses; and second, that exploration by the finger passed through the incision in the posterior vaginal fornix, to empty any pockets of pus at the fimbriated end of the tube, is quite essential. It is the undrained pockets of pus that prevent immediate and ultimate recovery in many cases. I personally had to reoperate a case which I did not explore and which did not recover as it should. At the second operation, exploration through the cul-de-sac opening disclosed a pocket of pus which was evacuated and a prompt recovery followed.

The old bugbear as to the danger of opening the abdominal cavity by the exploring finger need not be considered. An opening into the abdominal cavity will not be as disastrous to the patient as an undrained pocket. Thorough drainage undoubtedly results in a symptomatic cure in many of these cases.

The value or harm from irrigation depends largely on the way it is done. If irrigation is done under pressure on account of an obstruction to the free return of the water great harm may result. But if the cavity is freely flushed out with salt solution, a large quantity of debris may be removed and the patient is made more comfortable, and convalescence is promoted. I have in several cases witnessed a drop in temperature after irrigation, when it had not been performed on the table.

Drainage may be secured by a single or rubber tube, but never by gauze as the gauze acts as a dam as soon as it becomes saturated. I usually use a double tube for a few days for the reason that I occasionally desire to flush out the cavity and this is facilitated by the double tube. This subsequent irrigation should not be a routine procedure, but is indicated when the drainage becomes impeded as evidenced by rising temperature, and in such cases a simple irrigation nearly always clears up the situation. There is no doubt but that a single tube will usually give sufficient drainage, as the most important treatment of any pus cavity is a free outlet, but in my own practice, for the reason given, I prefer the double tube.

The chronic pelvic infections may be operated at the most opportune time and may therefore be given the radical treatment which is indicated for their cure.

My experience with plastic work on the tubes has been very limited because the results obtained were very unsatisfactory. This was probably due to my technique, but the diseased condition of the tube, and the poor results obtained has caused me to abandon the procedure.

I remove the offending tubes with a wedge of uterus. A patient may have a continued salpingitis, if the tubes are only ligated at the uterine cornu. I have seen but one case of unilateral

salpingitis and that was in a woman with double vagina and uterus.

The question of drainage in these chronic cases is very important. Only an occasional case requires drainage but it may be a life saving procedure in certain ones. In recent infections in which the peritoneum is soiled in enucleation, I usually place a folded gauze cul-de-sac drain. This not only gives the necessary drainage but performs the other important function of keeping the clean gut out of the dirty raw cavity, thus preventing a direct extension of the infection and the formation of adhesions.

If drainage is used in chronic cases after radical operation, it is always through the cul-de-sac and never through the abdominal wall, with one exception. The exception is in cases where the abscess is in front of the uterus or attached to the fundus of the bladder and to the abdominal wall. In my experience these cases are always streptococcus infections and I drain them either with a large gutta serena gauze drain or a rubber glove with the ends of the fingers cut off and filled loosely with gauze and the wrist brought out through the abdominal incision. Such a

drain not only affords the necessary free drainage, but also walls off the clean gut from the infected area.

Tubercular infections of the pelvis should never be drained. The resulting fistula of gut and unhealed sinuses are the reward of too vigorous treatment.

In conclusion I wish to emphasize:

1. The letting alone of acute gonorrhoeal pelvic infections without abscess formation except for the symptomatic medical treatment.

2. The drainage and exploration by finger of the cul-de-sac abscesses.

3. The drainage of broad ligament tubal abscesses through the abdominal wall by opening into the pus cavity extraperitoneally.

4. The occasional drainage in radical abdominal operations through the cul-de-sac by a folded iodoform gauze drain.

5. The drain from the abscess cavity attached to the bladder and abdominal wall, should be brought through the abdominal incision.

BIBLIOGRAPHY

Dr. Coffey, Surg. Gynec. and Obstet., Chicago, Feb. XXII, No. 2, pp. 127-250. Dr. T. S. Cullen, Read College Surgeons, Philadelphia, Oct. 16.

The Interpretation of the Wassermann Test*

Theodore Zbinden, Toledo, Ohio

UP to the present time no fixed standard technic has been devised for making the Wassermann test. This condition is no doubt due to the fact that the actual chemical or biological substances which enter into the reaction cannot be isolated and studied. First, when extracts of infected tissues were used as antigens the test was considered truly specific. Now that normal organ extracts have been found even more suitable, it cannot be considered scientifically specific, but in actual practice it has been proven to be specific.

Although numerous modifications of the Wassermann technic have been introduced, most of them have fallen by the wayside. The only important change is in the antigen as above mentioned. First watery extracts of syphilitic organs were used; then alcoholic extracts; next alcoholic extracts of normal organs of various animals as well as of man. Then Noguchi introduced his acetone insoluble form, and finally cholesterolin was added to give strength. It is now considered best to use two or three antigens in making each test; simple alcoholic, the acetone insoluble and the cholesterolinized. The real Noguchi test using dried reagents on filter paper never became popular; but the so-called Noguchi test, using his antigen, with unheated serum and the human corpuscle system, is extensively practiced. More emphasis than ever is laid on accuracy in estimating the strength of all the

reagents immediately before making the test.

Aside from these important details, there are many minor modifications, so that probably no two laboratories are really doing the test exactly alike in every minute detail. These are not important provided the serologist is properly trained and knows how to interpret results correctly. In the end, the result will invariably depend upon the quality of work done by the serologist.

IS THE TEST SPECIFIC?

Extremely few diseases other than syphilis give a true positive Wassermann reaction. Framboesia or yaws, a tropical disease due to an organism closely resembling the spirocheta-pallida, gives the reaction. Leprosy, malaria, scarlet fever, occasionally have it. Heinman¹ calls attention to the fact that a positive Wassermann has been found in acidosis. All these conditions do not cause much serious difficulty in distinguishing them from syphilis. Tuberculosis and cancer are now known to give a positive Wassermann only in case syphilis coexists. The specificity of the test is proven by many statistics. Craig obtained 12 positive reactions out of 4000 tests in non-syphilitics—only 3/10 of one per cent. Vedder in 1049 non-syphilitics got 4/10 of one per cent. Smith and McNeal in 265 non-syphilitics obtained not a single positive.

In reporting the result of a Wassermann test all the workers give various degrees of positives, strong or weak, and the attempt is continually made to secure greater accuracy in these de-

*Read before the Toledo Academy of Medicine, April 2, 1917.

terminations. A complete positive or a strong positive reaction when done properly invariably means syphilis no matter what the clinical findings, whereas weak positives in themselves mean very little. They can be considered as only one point in favor of the diagnosis of syphilis, and the history and clinical findings must be equally taken into consideration. Many human sera contain substances that destroy red corpuscles, especially sheep corpuscles. This natural hemolysin must be estimated and taken into account when making the test. Also the anti-complementary property of each serum had better be estimated. Most men heat the patient's serum to 55 or 56 degrees for 20 to 30 minutes; if this is not done special precautions must be taken to prevent an occasional non-specific positive.

PRIMARY SYPHILIS

It is known that usually within a week after the appearance of the primary lesion the spirochetes enter the blood stream. The Wassermann test does not become positive for several days or weeks thereafter. On this account statistics are apt to mislead unless the time element is considered. If the tests are made early there will be a smaller percentage of positives than if made later. Following are the findings recorded:

	No. Cases	Per Cent. Positive
Noguchi	974	58
Noguchi	208	91
Craig	1080	99

Craig studied 600 cases to find the time of appearance of the reaction and reports as follows:

1st week	36 per cent. positive.
2nd "	60 " " "
3rd "	69 " " "
4th "	77 " " "
5th "	81 " " "

The test is thus shown to be of value in diagnosis of primary syphilis. It is needless to say that a negative result does not exclude the disease. However, experience shows that cases that receive treatment before the Wassermann test becomes positive, require much less treatment than those with a positive Wassermann. On the other hand, the prognosis must not be too hopeful, because the spirochetes enter the general circulation some days before the Wassermann shows up. The ideal method of diagnosis in this stage is, of course, the search for spirochetes themselves, but many cases have already been treated with caustics or antiseptics before seeing the physician, so that the serologic test must be resorted to both for diagnosis and prognosis.

SECONDARY SYPHILIS

	No. Cases	Per Cent. Positive
Noguchi	2762	80
Noguchi	669	92
McDonough .....	.....	97
Craig	2217	96

In this stage we always get a high percentage

of positive Wassermans. One may conclude that an untreated case of secondary syphilis will most likely give a positive Wassermann test and usually a very strong positive. A negative result would be quite conclusive evidence against syphilis and yet it could not absolutely exclude it.

TERTIARY LUES

	No. Cases	Per Cent. Positive
Noguchi	850	80
Noguchi	455	74 to 83
Craig	728	87
McDonough .....	.....	70

In the third stage the percentage of positives is slightly less. Consequently the best modern technic secures 80 per cent. positives; one out of five cases will give a negative. No doubt one reason is that nearly every tertiary case has had more or less treatment. Untreated tertiary cases that are clinically active will react positively in almost 95 per cent. of cases.

LATENT SYPHILIS

	No. Cases	Per Cent. Positive
Noguchi	2094	49
Noguchi	305	54 to 68
Craig	1525	68

These cases appear well clinically or present obscure symptoms of no serious nature. If not put under treatment they will sooner or later become active. Patients who belong to this class, should they give a positive Wassermann reaction, ought to receive treatment. If the test is negative, they must nevertheless be kept under observation; they may easily be syphilitic.

CONGENITAL SYPHILIS

This form of the disease gives a uniformly high percentage of positive Wassermans. Noguchi's one series included 125 cases with 94.5 per cent. positive; the other was 79 cases of which 98 per cent. were positive. Craig reports 22 cases with 82 per cent. positive.

SYPHILIS OF THE NERVOUS SYSTEM

The Wassermann reaction plays a very important role in the diagnosis of nerve syphilis. In this discussion we shall mention the three clinical types: First, paresis and tabo-paresis; second, tabes; and third, cerebro-spinal lues. Noguchi gives one series of 35 cases including all these types, in which he secured from 73 to 80 per cent. positive. He also reports a series of 498 cases of paresis with 88 per cent. positive. In 380 cases of tabes he found 70 per cent. positive, and in 64 cases of cerebro-spinal syphilis 47.6 per cent. were positive. These figures are fairly accurate except in the cases of paresis.

Nonne in his latest edition says that in paresis or tabo-paresis the blood Wassermann is positive in almost 100 per cent. of cases, and that it is usually a very strong positive. The spinal fluid will be positive in 100 per cent. of cases if a large enough amount of fluid is used. In tabes he says the blood Wassermann will be positive in

60 to 70 per cent. of cases; on the spinal fluid it will be positive in almost 100 per cent. of cases if enough fluid is used. If less fluid is taken it will be positive in a much smaller percentage of cases—about 20 per cent. In cerebro-spinal lues he says the blood Wassermann will be positive in 70 to 80 per cent. of cases, and in the spinal fluid it will be positive in 100 per cent. provided enough fluid is used.

Nonne sums up the value of the Wassermann test in neuro-syphilis as follows: Positive Wassermann on the blood is not conclusive evidence that the patient has syphilis of the nervous system. For this purpose the test must be made on the spinal fluids; and for differentiating between the different types of the disease, the clinical findings together with the colloidal gold reaction will be necessary. But a negative blood Wassermann by no means excludes neuro-syphilis.

EFFECT OF DRUGS ON THE WASSERMANN TEST

The iodides are not known to have any effect whatever on the Wassermann reaction. It is a well known fact that they do produce a positive luetin test in cases free from syphilis. Mercury has a very decided effect upon the Wassermann test, but it is naturally rather slow to change a positive to a negative. It is also known that the test fluctuates during the treatment, i. e., during the course of mercury administration the test may gradually grow weaker for a period, and then suddenly become stronger, and soon afterwards drop to a negative, only to be followed again by a return to positive. All this may happen while the patient is undergoing a regular course of treatment, and cannot be pronounced a provocative reaction. The effect of mercury on the reaction stops a short time after its administration, usually about a week; but surely when the insoluble salts are used intramuscularly they are not completely absorbed for a week or even longer, and consequently one must allow for more time after their administration. It is manifestly useless to make the test in a case which is under treatment with mercury, except in rare cases, because the result may indicate only a temporary change produced by the ingestion of small amounts of the drug, and does not at all indicate the permanent condition in the patient.

In the case of salvarsan, we know that the reaction is profoundly influenced in most cases, but not by any means always. Usually the time given after the administration of salvarsan is three weeks, and that is probably enough in most cases, but I have found in Wechselmann's book—one of the very earliest dealing with the administration of salvarsan—that the action of the drug continued to weaken the Wassermann up to a period of seven weeks. Consequently if a case had salvarsan after finding a strong positive Wassermann, and the blood were tested after three weeks the result might be a comparatively strong positive, whereas if it were tested a month

after that, the patient having received no other treatment whatever—the test might be found negative. And his experience was that the stronger the test before administration of the drug, the longer it took to bring about a negative result. Of course, nowadays we rarely rely upon a single injection of salvarsan, and the treatment is to be followed immediately with mercury, but the fact ought to be borne in mind nevertheless.

Let us be reminded that the ingestion of five or six ounces of whiskey or two or three glasses of beer during the twenty-four hours preceding the test may interfere with the result. Craig proved it conclusively in a series of positive cases; some of the strong positives became weak or negative; some weak positives became negative. The negative phase lasted usually twenty-four hours, sometimes two or three days.

Again, the same investigator examined a number of positive cases under normal conditions on successive days and found the reaction to vary markedly even though no treatment was undergone and no alcohol being taken. This finding proves the folly of relying upon a single negative result.

The question of using cholesterinized antigen has been discussed pro and con. It gives a larger number of positives, but some of these are false. Recently Ottenberg in an excellent and comprehensive article concludes that it is only a matter of using a smaller amount of the antigen. Kolmer maintains that it is most reliable in proving a complete cure, since the test will remain positive longer when this antigen is used. On the other hand, Ward and McNeal claim to have secured better results using the simple alcoholic antigen with the ice-box method.

How should the Wassermann test be used as an index of permanent cure? Usually it has been said a case may be considered cured if the test has remained negative for a whole year. But Levison has shown that a considerable percentage of cases become positive even after having been negative for a year. Recourse may be had to the provocative test using salvarsan. Mercury is less suitable for this purpose.

SUMMARY

The Wassermann test must be carefully done, many controls used, and all possible precautions exercised. When so done, a strong positive means syphilis almost invariably. A weak positive in itself does not necessarily prove syphilis, even with the best workers. In a general way, the stronger the test the more active the disease. A negative result never proves the absence of syphilis. Repeated negatives, especially by different men, are of more value. A negative result after the provocative dose is still more conclusive. Yet after all these negative results, a case may occasionally be syphilis. The test is indispensable as an indicator of the progress of a case under treatment.

Some Contraindications for Certain Gynecological Operations*

M. J. Longworth, M. D., Lima

SURGICAL operations have multiplied 20-fold since I entered the profession in 1890.

Even so, operations are not too numerous, but many of those performed are contraindicated. What is the explanation of unnecessary operations?

1. Difficulties and uncertainties in diagnosis.
2. Lack of confidence of part of our profession in the wonderful restorative powers of nature and in remedial measures other than surgical.
3. Existence of a certain class of surgeons which we call the parasitic surgeons.
4. Demands from people with imaginary or trivial ailments for operation.

As examples under the first division, we may cite the performance of abdominal section upon cases of acute salpingitis mistaken for extra-uterine pregnancy, renal colic mistaken for appendicitis, and pregnancy mistaken for fibroid tumor of the uterus. Our best diagnosticians and surgeons occasionally make these mistakes and surgeons of less experience and ability make them frequently.

A considerable portion of our profession comes under the second division. Here we have the honest but over zealous surgeon whose greatest failing is his tendency to resort, prematurely, to the use of the knife. Here, also, is the physician who is a therapeutic nihilist—not having the confidence he should possess in non-surgical measures he too readily advises resort to surgery. This class is responsible for numerous unnecessary operations such as Caesarian section in eclampsia or placenta praevia, gastro-enterostomy in nearly all cases of ulceration of the duodenum and stomach, fixation of the movable kidney, salpingectomy, oophorectomy, hysterectomy, etc.—cases where time, patience and the use of other measures would render an operation unnecessary.

In the third division is a class of men whose governing passion is to operate for the greatest amount of money that can be obtained. Every patient is a prospective surgical case and operations are urged and performed that are absolutely contraindicated. The health and even the life of their patrons are secondary to their selfish ambitions. They are a menace to the people and parasites on the community they infest. These parasitic surgeons account for an enormous number of unnecessary operations. The thief who picks a man's pocket of his coin is a useful citizen and a gentleman of honor when compared to one of these.

In the fourth division we find, in the main, hypochondrical men and women who are suffering from neurasthenia or hysteria. The major

portion is made up of women. Her friends have been operated upon and she, too, must have an operation for some imaginary or trivial ailment. There is a morbid craving for the sympathy and notoriety which an operation will give her. If she falls into the clutches of a parasitic surgeon, her desire for a surgical operation will be gratified.

Medical gynecology has a vast field of usefulness too little cultivated. The physician, when in doubt, should endeavor to restore his patient by non-operative procedures. If these fail, surgical intervention should be considered. The general practitioner's responsibility is great, for it usually devolves upon him to make the first examination, and if his diagnosis is faulty or incomplete, his advice will be wrong and his treatment a failure. Diagnosis is the foundation upon which the superstructure of treatment rests.

A large percentage of the patients upon whom I have performed laparotomy for some chronic pelvic affection have undergone one or more minor gynecological operations, while the main lesion that was really causing the symptoms was entirely overlooked. In no field of surgery are unnecessary operations performed so frequently as in gynecology.

One of the most serious and common mistakes is the performance of abdominal section in the active stage of a pelvic infective process such as peritonitis, cellulitis, salpingitis and ovaritis. In these laparotomy is contraindicated. The exceptions are cases of apparent acute pelvic inflammation where it is impossible to exclude, ectopic pregnancy, appendicitis, a twisted ovarian pedicle or a suppurating tumor. In nearly all these cases an immediate laparotomy is indicated. Acute salpingitis and ectopic pregnancy are often mistaken one for the other and the diagnosis is difficult. In acute salpingitis an abdominal operation is very dangerous and often results fatally, while in the other an immediate abdominal section is indicated, otherwise death may result.

There are two reasons why operation is contraindicated in acute pelvic inflammations:

1. The majority of cases recover under ordinary remedial measures, and large exudates, even abscesses, disappear by absorption.

2. In the active stage of these inflammatory affections the causative bacteria are virulent. Abdominal section disseminates the infection, prolongs convalescence and often results fatally from peritonitis. Should the exudate result in pus formation, and the symptoms indicate sepsis, the abscess should be drained per vaginum or by opening above Poupart's ligament when the abscess is too high to reach per vaginum. In 1912, Noble, of Philadelphia, reported 200 cases show-

*Read before the Paulding County Medical Society at Paulding, Ohio, September 20, 1916.

ing a mortality of 27% for the abdominal operation and 1.8% for vaginal drainage. In many cases where vaginal drainage is resorted to, a complete cure results. The exudate and adhesions absorb, pain and other symptoms disappear and even pregnancy may take place. In those cases that do not progress favorably, the symptoms becoming chronic and resisting all other methods of treatment, abdominal section should be performed—but not until after the lapse of at least three months from the beginning of the inflammation and not until the temperature has reached normal and the patient has, to some extent, recovered her health. After this period of time the bacteria either have disappeared or their virulence has been reduced, rendering abdominal operation comparatively safe.

Frequently women consult their physician with their own diagnosis of "something wrong with their ovary or ovaries." Pain and tenderness in the groin means, to them, "ovarian trouble." Too often physicians concur in this opinion and remove one or both ovaries or tubes, whereas pain in the groin is often due to other affections beside those of the ovary and tubes. Among the more common causes are diseases of the uterus, such as metritis, endometritis, displacements, lacerated cervix, pelvic neuralgias and too frequent intercourse.

Oophorectomy should not be performed for intractable metritis, endometritis, menorrhagia, dysmenorrhoea or any other condition where it is desirable to establish the menopause. In these cases hysterectomy should be performed, leaving the ovaries unless they are diseased. The ovaries have an important internal secretion concerned with the maintenance of health and the equilibrium of the nervous system; the uterus has no such secretion.

"The various neuroses such as menstrual epilepsy, hysteria, hysterio-epilepsy and insanity do not of themselves justify the removal of the tubes and ovaries," Kelly advised. Dr. S. Weir Mitchell, our greatest authority, said: "In no case seen by me has ablation of ovaries and termination of menstruation cured an epilepsy. In regard to oophorectomy for insanity, he says: "Because an insane woman is usually worse at her period, is no reason why the flow should be stopped by an operation; that the climacteric puts an end to these disorders, is an old delusion; in fact the change of life, so called, is quite as likely to make them worse as to better them."

There is a large class of women, of the neurasthenic and hysterical type, who suffer from imaginary pelvic ailments or trivial lesions of the pelvic organs, which stand in no relation to the symptoms complained of. They continually brood over their symptoms and magnify them until they loom large in their lives. Unwise physicians confirm their fears. Operation is readily consented to or demanded by this class of women. Of course no permanent benefit is derived from

such operations, except, rarely, a beneficial mental effect. The symptoms are not reflex symptoms of pelvic disease, but symptoms of an associated neurasthenia. In this class all operative procedures are contraindicated.

Howard A. Kelley says: "Of all operations connected with gynecology, salpingectomy and oophorectomy, performed upon this class of patients, has been most abused, either through a want of good judgment upon the part of the surgeon in recommending unsuitable cases for operation or through his being misled by a hysterical woman into imagining her pelvic condition worse than it was." He also says: "Another point upon which I should like to lay stress, in this connection, is, that the fact of ovaries being cystic, is no reason, *per se*, for their removal; it is not definitely decided whether any clinical symptoms arise from the cystic follicles from the size of a pea to that of a cherry, which are often observed; one thing is quite certain, however, namely, that small cystic follicles never of themselves justify the removal of any ovary or a piece of an ovary. The profession seems just to have awakened to the fact that the so-called 'sclerotic ovaries' do not, in themselves, call for extirpation and that they are capable of continuing the function of menstruation in no respect differing, materially, from normal ovaries." He concludes by stating that "their removal must be denounced as both unscientific and immoral. The ovary should never be removed simply because the uterine tube of the same side is taken out, or as a matter of convenience; in extra-uterine pregnancy there is no reason whatever for the sacrifice of the ovary in removing a mutilated tube."

A vast majority of authorities contend that hysterectomy is contraindicated in small fibroid tumors of the uterus unaccompanied by hemorrhage or other serious symptoms. The patient, however, should be kept under observation for complications. Operation is contraindicated in most cases of slight prolapse of the uterus, which rarely causes symptoms, but if so other means of relief can be resorted to. H. J. Boldt says: "To say that it is imperative to treat all instances of procidentia or decensus of the uterus by surgical means is to voice a misconception; there is a large contingent of patients that may be treated by other means than surgery."

Trachelorrhaphy is contraindicated in cases that are not producing symptoms. It is also contraindicated in hypertrophied diseased cervixes, as in these cases amputation of the cervix is the proper operation.

Secondary operation for the repair of the cervix or perineum should not be attempted until six to twelve months after labor. Failure of the primary repair is usually due to infection, and the bacteria causing it may remain virulent for many months. An operation performed too soon might be a failure, due to a revival of the in-

fection. In fact, the bacteria may be disseminated and cause death from septicaemia.

Professor Ward of the N. Y. P. G. S., says, in *Operative Therapeutics*, Volume 5: "It is not wise to attempt to do plastic work on a case sooner than six months after pregnancy; before that time has elapsed the tissues are apt to be soft and friable owing to the incompleteness of the process of involution, that difficulty is experienced in accurate denudations and approximations; subinvolved tissues are almost like wet blotting paper in consistency, and frequently sutures will tear out with ordinary traction and capillary bleeding will be excessive."

DeLee writes: "I do not approve of early secondary perineorrhaphy. The patient is instructed to return after six or eight months for thorough repair. In early operations capillary oozing is always excessive and troublesome, the tissues are brittle and stiff, it is almost impossible to work in the connection tissue and to lay bare the levato ani pillars,—the crux of the operation and healing is not as desirable."

The use of the curet is contraindicated in acute endometritis, gonorrhoeal or otherwise, as the danger of the extension upward is increased. Especially is this so in gonorrhoea, which extends along the mucus membranes from the vagina to and through the cervix, along the mucus membrane of the uterus, and thence through the Fallopian tubes to the peritoneum and ovaries.

A common mistake is to curet cases of extra-uterine pregnancy in the belief that they are incomplete uterine abortions. The danger lies in the rupture of the tube that may be caused by the manipulations incident to curettage.

The curet is not indicated in all cases of leucorrhoea or chronic endometritis as many of these cases can be cured by other methods, such as intra-uterine medication, etc. Besides these conditions are often secondary to other pelvic affections, such as uterine displacements, tumors, pyo-salpinx, etc. It is in this class of cases that numerous unnecessary curetments are performed.

The use of the curet is, of course, contraindicated in pregnancy, all acute inflammations, puerperal fever and septic abortion.

The dangers of curettment following septic abortion and in puerperal fever are present with both blunt and sharp instruments—are:

1. "The delicate bank of leucocytes, the wall nature throws up to limit the spread of bacteria, is broken through at innumerable places and the bacteria literally ground into the lymph spaces and the venous lumina. It is a thorough vaccination or inoculation of the uterine tissues, and resembles raking the soil after sowing the seed.

2. "Curettage no matter how expertly done cannot remove all the diseased tissues. The bacteria within 15 minutes after inoculation are already out of reach. Further, at autopsies in cases where the curet was used, invariably parts

of the endometrium could be proved never to have been touched by the instrument; indeed even the whole placenta has been found.

3. "Perforation of the uterus is a common occurrence and almost always fatal from peritonitis; even the greatest gentleness may not prevent such an accident.

4. "Hemorrhage from the reopened placental sinuses, even air embolism has been reported.

5. "The freshly united wounds are torn open and new ones created into all of which infection is ground.

6. "A pro-salpinx or pus sac may be ruptured by the manipulations."

"It seems," so DeLee states, "about as reasonable to curet the nose and throat in diphtheria as to curet the uterus in sepsis." (DeLee's Obs. p. 177.)

Tuberculosis and Pregnancy

S. A. Douglass and J. E. J. Harris, of the Ohio State Sanatorium, in the October number of the *American Review of Tuberculosis*, discuss the influence of pregnancy, including the puerperium, upon tuberculosis as illustrated by their own series of three hundred cases and by others reported in the literature. The proportion of cases in which the pregnancy was the leading factor determining the onset of the tuberculosis is variously given as from twenty-nine to one hundred per cent., the variation being explained by the stage of the disease present or by its activity. Fibroid tuberculosis may improve during pregnancy, but this is exceptional. The mortality is reported as being from thirty per cent. within eighteen months to a final mortality of seventy-five per cent. The explanation offered for the aggravation of tuberculosis during pregnancy or the puerperium, is the increased demands on metabolism and circulation, interference with respiration and nutrition, the prolonged muscular exertion of labor, the loss of blood, the use of the anesthetic, the aspiration of infected material into healthy portions of the lung, and the possible absorption of toxins from the placental site. In addition there is usually the strain of subsequent lactation and the responsibility of caring for the child.

Treatment and prophylaxis is discussed with the following conclusions: the tuberculous married woman should be instructed concerning the danger of pregnancy as it is an important factor in lighting up a quiescent tuberculosis. Pregnancy should be avoided until the pulmonary lesion has been arrested for several years. When conception has taken place, pregnancy should be terminated before the fifth month in all active cases of early and moderately advanced pulmonary tuberculosis, and in all cases of advanced tuberculosis, when the process is quiescent.

It is for the best interest of both mother and child to prohibit the tuberculosis mother from nursing her child.

An Outline of a Health Survey

James A. Tobey, S. B., Scientific Assistant, U. S. Public Health Service

EVERY citizen is entitled to now what measures are in force to prevent disease and preserve health in the community in which he lives. He is not only entitled to know these things, but he should make it his business to see to it that there is an efficient health program and that it is intelligently and properly carried out. If plans for more extensive health work are contemplated existing conditions should be studied in order that any important needs may be brought out. Health surveys have demonstrated their value in the civic welfare of communities and they are useful in municipalities of any size or type.

The following is an outline of a health survey and brings out the essential points which should be investigated.

- I. Description of community:
 - 1 Geographical
 - 2 Topographical
 - 3 Population (amount and type)
 - 4 Type (manufacturing, residential, nature of industries, etc.)
- II. Organization and administration:
 - 1 Government
 - 2 Personnel of health department
 - 3 Equipment of health department
 - 4 Powers and duties
- III. Vital statistics:
 - 1 Registration of births and deaths
- IV. Control of disease:
 - 1 Reporting
 - 2 Control (quarantine, immunization, etc.)
 - 3 Tuberculosis
 - 4 Other diseases (special mention of any of unusual interest.)
 - 5 Hospitals
 - 6 School inspection and hygiene
 - 7 Public Health nursing activities
- V. Infant welfare work:
 - 1 Nursing
 - 2 Clinics
- VI. Diagnostic Laboratory of facilities
- VII. Municipal engineering activities:
 - 1 Water supply
 - 2 Sewage disposal
 - 3 Garbage and refuse disposal
- VIII. Housing
- IX. Food control:
 - 1 Sanitation
 - 2 Milk (analysis and dairy inspection)
- X. Educational efforts and publicity
- XI. Appropriations and expenditures
- XII. Recommendations.

In the report of the health conditions, facts concerning each of the items mentioned above

should be set forth and then briefly discussed. Criticism should be constructive and forceful. The use of illustrative charts and diagrams which are easily understandable is helpful if the report is to be presented to the layman. An intelligent presentation of these facts will serve to acquaint the citizens with those measures which are necessary for adequate health protection in their community.

TREASURY DEPARTMENT

U. S. Public Health Service

Chillicothe, O., Dec. 24, 1917.

Editor, *The Journal*:—I noticed your excellent editorial urging towns and cities to make health surveys, in the December issue of *The Journal*, and thinking that possibly an outline of such a survey might be of interest to your readers, I am sending in the accompanying two pages for publication in *The Journal*. Respectfully,

James A. Tobey, Scientific Assistant.

PIPERAZIN AND OTHER URATE SOLVENTS.—From a review of the literature P. J. Hanzlik concludes: there is no reliable evidence to show that piperazin, in small or therapeutic doses, imparts to urine urate solvent qualities, either by direct addition or after excretion; excessive doses produce a slight but negligible increase in uric acid excretion, the same being effectively produced by sodium bicarbonate or sodium citrate; there is no reliable evidence to indicate that piperazin can remove or prevent urate deposits; diuresis is uninfluenced by even large doses of piperazin and its administration does not materially reduce the acidity of the urine; scientific evidence, though limited, and clinical opinion indicates that piperazin is valueless in gout. Hanzlik also reports that there is sufficient evidence to indicate the worthlessness of the following as urate solvents: quinic acid, quinoline, colchicum, piperidin, Urosin, Lycetol, Sidonal, Lysidin and Urol. (*Jour. Lab. and Clin. Med.*, Feb., 1917, p. 308.)

Halazone - Abbott — Parasulphonedichloramido-benzoic acid. It is said to act like chlorine and to have the advantage of being stable in solid form. In the presence of alkali carbonate, borate and phosphate it is reported that halazone in the proportion of from 1:200,000 to 1:500,000 sterilizes polluted water. Halazone is used for the sterilization of water in the form of Halazone tablets, each containing 0.004 Gm. halazone mixed with sodium carbonate and sodium chloride. The Abbott Laboratories, Chicago (*Jour. A. M. A.*, Oct. 6, 1917, p. 1166).

Scope of State Investigation Into the Need for Sickness Insurance in Ohio is Outlined by Secretary

By HERBERT MENGERT,

Secretary Ohio Health and Old Age Insurance
Commission, Wyandotte Building
Columbus, Ohio.

How thoroughly the investigation of the Health and Old Age Insurance Commission is to be made is disclosed by a tentative outline of the plans issued by the director of the inquiry, John A. Lapp, which follows this article.

The scope of the research might well cover a much longer period than the year in which it is to be finished, but the task will be completed by the time the next General Assembly is ready to convene, early in 1919.

Notwithstanding that much of the ground has been covered by the previous investigations in other states, it is the plan to make the inquiry with respect to Ohio so that recommendations that are made may apply directly to the conditions found here.

In particular a great part of the plans upon which the investigation is proceeding relate to health matters.

The state has numerous agencies at work for the improvement of health conditions, but in a special way the commission, approaching the subject from an entirely new angle, has opportunities for bringing benefits to the people of the state.

Mr. Lapp is making a detailed study of the health and mortality conditions of Ohio. This task involves a study of separate diseases and their prevalence, occupational diseases, health conditions in city and county and infant mortality.

Following this the investigation will seek to disclose to the public the economic loss by sickness and preventable deaths.

Back of this effort is the belief that if the public knows what wrongful health and working conditions cost, that fact itself will prove the strongest lever to correct them. In making this study the investigator will not alone seek the loss to the individual worker, but the loss to employers and to the public.

There are industrial establishments in Ohio which have larger welfare departments than the State Industrial Commission and the State Health Department combined, these two departments of state government being the agencies that act directly for protection of life and limb and health of all the people of the state.

WILL TRY TO FIX BLAME.

Having ascertained the cost or loss to the public, the workers and the employers of their joint burden, the next task will be to find out who is to blame.

Typhoid fever in a city usually is chargeable to the city through impure water supply or im-

pure milk supply, insufficient food inspection, lack of sanitary sewers or some other fundamentally wrong condition.

Elimination of the milk route of one firm in Toledo a few years ago is estimated to have saved scores of lives.

There may be disclosures which will not tread lightly on defects of existing agencies of insurance. The extent to which they meet the needs and the extent to which they fail in meeting the needs of the situation will be developed.

In endeavoring to ascertain what part of destitution is caused by sickness and what part of sickness is caused by poverty, the co-operation of charity organization societies and many philanthropic institutions will be enlisted.

If consent of the military authorities can be obtained, the commission will make an analysis of the records of the conscription boards to furnish a cross-section of the young men between 21 and 31 who have been called for military service.

SPECIAL PROBLEMS INCLUDED.

In conjunction with this work there will be studied, the special problems of industry, including defective eyesight, caused by bad lighting conditions, ventilation, position at work, factory laws and enforcement, special occupational hazards and health supervision in factories.

If in turning the spotlight on bad conditions and giving proper credit for good ones, public sentiment is awakened and spurs the derelicts to a sense of their duty, Mr. Lapp believes that much will have been accomplished.

In prevention of sickness, a study of which the commission is charged by law, there have been blocked out a number of special problems.

Among these are health supervision in public and parochial schools, including dentistry and optometry, sanitary laws, dispensary facilities, hospital facilities, special institutions for the sick and defectives, physical education, medical education, means of popularizing practical education in hygiene.

The inquiry also will cover what has been done by public health organizations and what may be done further by them.

WILL WATCH CRITICISM.

In the study of sickness insurance of the various types much attention will be given to the problem of criticism. In every system this is one of the weak points, for money and medical aid may be organized and yet the entire scheme be endangered by the insidious attacks upon it of those seeking to take advantage of defects.

From present indications, the other phases of the inquiry will be well developed before the old age insurance feature is taken up, although it

is by no means to be relegated to a back place. The investigation must assemble facts as to the amount of old age dependency and how it is relieved, whether by public institutions and almshouses, private old folks' homes or other form of organization. There must be secured a good estimate of the old age dependency not aided in an organized way. In taking up this phase, there is recognition of the fact that dependent parents and relatives keep many families from saving for their own old age.

It doubtless will be shown that the present volume of old age pensions in Ohio is large through employers' funds, employees' fund, soldiers' pensions, those for mothers, the blind, teachers, police and firemen.

One of the biggest studies of all will revolve around the possibility of establishing a merit system so that the excess cost of sickness and disability may be distributed. In the workmen's compensation system, the state already attempts to do that very thing and the success with which

it has met is recognized. Furthermore, the commission will attempt to find, through Mr. Lapp, whether any similar plan can be devised with respect to delinquent cities and counties. In other words, if a city which has a bad food inspection system and thereby endangers the health of its citizens and those within its gates can be made to suffer for this fault, public sentiment can be counted upon to work a speedy correction, the commission believes.

Finally, the eternal question of "ways and means" must be faced. No matter how desirable any system may be, the problem of paying the cost remains and this problem must be solved.

It has been announced as a policy of the commission that in its public hearings, every effort will be made to draw forth the best public sentiment. One plan that is being canvassed for this purpose is the formulation of tentative outlines with alternative propositions upon which those interested may be heard.

Tentative Outline of the Scope of the Ohio Investigation

By JOHN LAPP,

Director of Survey, Ohio Health and Old Age Insurance Commission.

HEALTH CONDITIONS.

I. Detailed study of the health and mortality statistics of Ohio to determine the exact conditions. This will involve a study of separate diseases and their prevalence; the occupational mortality; city and country health conditions; nationality and disease for selected groups; occupational disease reports; infant mortality, etc.

II. The economic loss by sickness and preventable deaths.

- (a) Loss to individual workers
- (b) Loss to employers
- (c) Loss to the public

This will involve a careful estimate based upon the best evidence that can be gathered from all the investigations that have been made in this country and abroad. Also a study of the actual cost to individuals and the public for care.

III. Who is to blame for sickness?

- (a) The public's share
- (b) The employers' share
- (c) The individual's share

In this study it should be made clear what proportion of preventable sickness and death is to be charged against the various factors. For instance, typhoid fever in a city is usually chargeable to the city rather than to the individual.

IV. Who bears the burden of sickness?

The extent to which insurance is now provided to distribute the burden. This investigation should determine the part played by employees,

employers, fraternal, private insurance companies and public institutions. An exhaustive investigation of health insurance companies' work is necessary.

V. Who should bear the burden?

Conclusions to be drawn from the previous studies as to the part to be borne by the three factors—public, employers and employees.

VI. Sickness and destitution.

What part of destitution is caused by sickness and what is the extent of sickness caused by destitution. In this study the co-operation of the charity organization societies and many philanthropic societies can be enlisted, besides the public officials having to do with poor relief.

VII. If possible the records of the conscription boards should be analyzed to find out what is the matter with the large cross section of our population between the ages of 21 and 30.

VIII. A study of the reports on occupational diseases and the efficiency of the law should be made.

IX. Special problems of industry to be studied.

- (a) Defective eyesight
- (b) Ventilation (New York Report)
- (c) Posture at work (American Posture League)
- (d) Factory sanitation laws and their enforcement
- (e) Special occupational hazards (Hayhurst's Report)
- (f) Health supervision in factories

X. Special problems of disease.
Prevention to be studied.

- (a) Health supervision of schools, including dentistry and optometry
- (b) Sanitary laws
- (c) Dispensary facilities
- (d) Hospital facilities
- (e) Special institutions for sick and defectives
- (f) Physical education
- (g) Medical education
- (h) Means of popularizing practical education in hygiene
- (i) Infections and contagious disease prevention
- (j) The public health organization of Ohio

SICKNESS INSURANCE.

I. Different types.

- (a) Voluntary
- (b) Subsidized
- (c) Compulsory public

II. Amount and kind of aid.

- (a) Money aid
- (b) Medical aid
- (c) Family assistance

III. Methods of organizing medical care.

IV. Administrative provisions.

- A detailed study of all plans of organizing the system.

V. Disability insurance.

Relationship to old age insurance or pensions.

VI. Problem of malingering.

VII. Detailed study of industrial insurance and similar forms of relief.

OLD AGE INSURANCE AND PENSIONS

I. The problem of old age.

II. Amount of old age dependency.

- (a) Public institutions and almshouses
- (b) Private old folks' homes
- (c) Other organized relief

III. Estimate amount of old age dependency not aided in an organized way.

IV. Pensions vs. Insurance.

V. Different types.

- (a) Voluntary
- (b) Subsidized
- (c) Compulsory contributory
- (d) Straight pensions
- (e) Mass. Savings Bank Insurance

VI. Existing pensions in Ohio.

- (a) Employers' funds
- (b) Employees' funds
- (c) Soldiers
- (d) Mothers
- (e) Blind
- (f) Teachers
- (g) Police
- (h) Firemen

SPECIAL STUDIES OF PLANS, ETC.

(a) Study of the operation of the workmen's compensation system in Ohio. Also of special features of other compensation systems.

(b) Distribution of excess cost of accidents (the merit system) with a view to like distribution of sickness burden in industry.

(c) Study of plans for distributing excess cost of sickness upon delinquent cities and counties (the merit plan applied to local governments).

(d) Study of typical systems of insurance against sickness, old age, invalidity, etc., in foreign countries.

(e) The relation of the problem to the conditions created by the war.

(f) The vocational education or re-education of the handicapped. (Federal board will help.)

SPECIAL FEATURES.

(a) Simple statement of the fundamental principles of insurance as a distribution of burdens.

(b) Brief review of history of social insurance.

Foreign
American

(c) Study of ways and means in Ohio. A close analysis of the ability of the state and local units to bear the burden of sickness and old age insurance.

METHODS OF WORK.

(a) Exhaustive investigation of the literature of the subject. Digest the arguments on each controverted point for the use of the members of the commission.

(b) Secure co-operation in special work of such of the following organizations as will help.

U. S. Health Service
U. S. Bureau for Vocational Education
American Medical Association
American Association for Labor Legislation
State Health Commissions
Bureau of Vital Statistics
State Superintendent of Public Instruction
Industrial Board
American Posture League

(c) Submit digests to members of the commission as rapidly as prepared.

(d) Give publicity to significant facts disclosed from time to time.

(e) Formulate tentative outlines with alternative propositions to be submitted at the public hearings.

(f) Submit such outlines to persons requested to come before the commission so that they may be prepared to give us what we want to know.

(g) Draft tentative bills on the basis of findings and the hearings thereon.

(h) Present in the briefest possible form the report of the commission.

—Bids for the repair of Lucas County Tuberculosis Hospital, partially destroyed by fire recently, are being considered. The lowest bid submitted was \$2,589.62.

Council of State Association Transacts Considerable Business at January Meeting

Council of the Ohio State Medical Association met Monday, January 7, at 9 P. M. in the office of Dr. J. F. Baldwin. Members present: Carothers, Hunter, March, McClellan, Headley and Teachnor; President Smith, President-elect Baldwin, Secretary-Treasurer Selby, and Executive Secretary Sheridan.

Minutes of the meeting of October 1 were read and approved.

President Smith reported that he had appointed Dr. J. H. J. Upham to represent the State Association on the joint committee composed of representatives of the three state medical societies to raise a Memorial fund for the late Dr. Matson.

The secretary read a letter from Dr. Rardin advising that he had asked Dr. S. S. Halderman, of Portsmouth to look after councilor duties in the Ninth District, while he is in military service.

After hearing the report on the condition of the program for the next annual meeting, President Smith instructed the secretary to call a meeting of the Program Committee early in February.

The secretary presented the resignation of Dr. E. J. Emerick, secretary of the Section on Nervous and Mental Diseases. On motion of Dr. Baldwin, seconded by Dr. Hunter, Dr. F. C. Waghens of Columbus, was unanimously elected secretary, with instructions to proceed immediately to arrange a program for this section.

Inasmuch as the program for the Medical Section is practically completed, no secretary was elected to fill the vacancy caused by the resignation of Dr. Harry F. Rapp, secretary, of Portsmouth.

The Executive Secretary presented a detailed report of the membership standing in each county for 1918. The total paid to date, 3275, represents practically every county in the state, and the only defection, if any, will be in those counties not paying for the men in service.

A written report of the status of the Medical Defense cases was presented to councilors.

The committee appointed to investigate the question of membership of two Morrow County physicians was granted an extension of time, and the matter was carried over until the next meeting of Council.

On motion of Dr. Selby, seconded by Dr. Teachnor, Mr. Sheridan was authorized and permitted to give his time to the publicity work in connection with the campaign to fill a community "War Chest" to meet war needs. (The campaign will last through the month of January). The motion was adopted unanimously.

After a free discussion of that provision of the present War Revenue Law, by which an extra

tax of 8 per cent is placed on the earned incomes of professional men, above \$6,000.00, the following resolution was unanimously adopted:

"Resolved by the Council of the Ohio State Medical Association, after a careful investigation of Section 209 of the War Revenue Law: That that provision is entirely unfair, and works a serious injustice to professional men, this injustice being more particularly marked in the case of physicians, who without exception have always done a large amount of charity work, and who in particular as the result of the war have had increased work with lessened incomes.:

"That the tax is particularly obnoxious because it imposes a special burden upon men who earn their incomes, while it exempts from that burden owners of inherited wealth, who earn nothing but are simply parasites:

"That we, therefore, call upon our representatives in Congress to use their utmost endeavors to secure a repeal of this unjust and onerous tax which, so far as we can learn, has not been imposed, or even contemplated, in any of the other countries engaged in the present war."

On motion, seconded by Dr. Carothers, the President was directed to write to Dr. Franklin Martin, Medical Defense Council, endorsing the proposed Medical Service Corps, which will provide recognition of physicians engaged in civilian work, and will provide some definite plan for a draft of the medical profession.

On motion, duly seconded, Council adjourned to meet on March 17, at 3 P. M. in the office of President-elect Baldwin.

New Death Award

The amendment to the workmen's compensation law, which increases the maximum death benefit from \$3,744 to \$5,000, went into effect January 1. The measure was passed by the legislature during the 1917 session and makes the maximum benefit in Ohio greater than in any other state. It not only affects those in the employ of firms carrying state insurance, but extends to those carrying their own insurance, and state, city and municipal employees.

The maximum award will be paid to dependants only where the salary of the person fatally injured was \$18.00 or more a week, but this includes practically 90 per cent. of the death claims filed, as wages of all kinds are much higher than a year ago, and the average of those employed in the more hazardous positions is far above that amount. The amendment is not retroactive.

OHIO PUBLIC HEALTH NOTES

—Toledo had a "bumper" baby crop for 1917. During the first eleven months 5,109 were born; 2,639 of them boys and 2,470 girls. There were 46 pairs of twins, 54 negro, 1 Indian and 427 Russian children born.

—Health Officer Bishop of Cleveland has outlined the following plan for the city's 1918 health campaign: (1) The establishment of eight health districts and the centralization of health activities in each district with a capable physician in charge. (2) The establishment of a bureau of prenatal care, where expectant mothers will be instructed in the care of children. This is aimed to decrease the infant mortality rate. (3) Campaigns in health education to bring before citizens the value of cooperation with the health department.

—A conference was held in Columbus, December 6, between orthopedists of the state and the hospital commission regarding the policies to be adopted in the proposed State Hospital for Crippled Children. It was agreed that the hospital should start with a limited number of patients, that its service should be broadened slowly, and that patients after operation should be retained at the hospital for education to fit them for useful work thereafter.

—During the last six months of the year 1917 the population of the eight state hospitals for the insane was reduced 86, while the population of the five penal institutions was increased more than 500. It is estimated that fully 200 negroes who came North to secure work are now inmates of various hospitals for the insane in Ohio. Recognizing the fact that many non-residents were being committed without legal authority, the board of administration issued an order that commitments in the future be refused.

—War will discover among the young men called to military service 200,000 cases of tuberculosis in the latent or incipient state, according to the estimate of Dr. C. O. Probst of Columbus, in his report to the Society for the Prevention of Tuberculosis, at its annual meeting, January 2. This was verified by a report that 25,000 had already been rejected for that reason.

—Statistics prepared by the State Industrial Commission show that men employed as machinists are the most frequent sufferers from infection in trifling cuts or abrasions. They are also unduly susceptible to boils on arms, legs and faces. The commission states that 22% of the amount paid on death claims was for infections, and 10% of the amount paid for loss of time was for the same cause.

—The Cincinnati Health Department will receive .04 mill of an extra tax levy of 1.64 mills, recently approved by voters of that city and ratified by its city council.

—Dr. W. H. Burns has resigned as health officer of Alliance. Dr. P. C. Ramsey has been appointed his successor.

—After four years of service the Zanesville Board of Health, of which Dr. Charles Higgins was secretary, went out of existence December 14. Under the provisions of the new charter the health work of the city will come entirely under the direction of the safety director. Dr. G. W. McCormick has been employed as health officer under the new administration, but the services of a board will not be required.

—Dr. Haven Emerson of New York and Dr. E. G. Williams of Virginia recently presented resolutions passed by the American Public Health Association requesting that the government inaugurate a campaign to offset the absence of physicians with the colors and to protect the public health. The president has suggested to the committee that it call together prominent men of the country interested into a conference to formulate such a plan.

—Miss Virginia Lewis of Waterbury, Connecticut, has been appointed head nurse of the Ohio Society for the Prevention and Cure of Tuberculosis, succeeding Miss Elizabeth MacMullin, resigned. Miss Lewis is a graduate of John Hopkins Hospital and of the Boston School for Social Workers.

—The Warren Board of Education is not liable for the bills of physicians incurred for the treatment of children injured on school playgrounds, according to a ruling handed down by the city solicitor.

—Dr. Edward J. Schwartz, for fifteen years health officer of Salem, has resigned to accept the position of director of communicable diseases in the state department of health.

—Thirty babies have been registered at the clinic recently opened in the Mohawk-Brighton District of Cincinnati by the Social Unit. When a child is registered a record is at once made of its physical condition by means of a diagram, medical advice as to its care is given to the mother and the assistance of a visiting nurse is offered.

—Albany, New York, was one of the first cities to grasp the fact that strong, healthy boys and girls of today will mean strong, healthy men and women for tomorrow. Pupils of the sixth, seventh and eighth grades of the schools of that city are being organized in health and recreation clubs by school nurses and teachers. At the end of the year certificates will be granted to those grades attaining certain standards in health and recreational activities, thereby inducing wholesome rivalry between pupils of the different grades.

Membership Showing for 1918 Splendid Despite War and Increased Dues

Considering the fact that so many of our members are in military service, the membership collections for January were remarkable.

When this issue of *The Journal* went to press January 19, the paid-up membership for 1918 was 3585—less than 1000 short of the 1917 total. Every mail brings additions.

Twenty-four counties have qualified in the One Hundred Per Cent class. The following shows the status of each county:

One Hundred Per Cent Club

Membership			Membership		
	1917	1918		1917	1918
1. Ottawa	15	15	14. Belmont	63	64
2. Medina	22	25	15. Butler	53	60
3. Jackson	19	19	16. Crawford	33	35
4. Columbiana	63	68	17. Pike	11	11
5. Lake	21	23	18. Sandusky	27	28
6. Ashland	20	20	19. Adams	18	18
7. Meigs	14	14	20. Shelby	19	19
8. Pickaway	25	25	21. Monroe	9	10
9. Warren	30	30	22. Logan	35	35
10. Erie	24	27	23. Harrison	15	16
11. Lawrence	20	27	24. Lorain	68	68
12. Seneca	35	35	25. Vinton	7	7
13. Morgan	13	14			

Not in One Hundred Per Cent Club

Membership			Membership		
County	1917	1918	County	1917	1918
Allen	86	58	Knox	29	17
Ashtabula	38	36	Licking	41	33
Athens	57	43	Lucas	220	200
Auglaize	35	32	Madison	21	18
Brown	10	8	Mahoning	120	103
Champaign	26	24	Marion	43	42
Clark	72	66	Mercer	26	20
Clermont	12	6	Miami	51	37
Clinton	25	22	Montgomery	171	165
Coshocton	21	18	Morrow	14	8
Cuyahoga	542	404	Muskingum	53	51
Darke	51	50	Noble	7	5
Defiance	13	11	Paulding	21	12
Delaware	30	26	Perry	24	....
Fairfield	39	38	Portage	27	22
Fayette	14	....	Preble	20	15
Franklin	338	198	Putnam	31	25
Fulton	27	10	Richland	55	49
Gallia	29	21	Ross	37	32
Geauga	12	10	Scioto	54	50
Greene	38	37	Stark	137	106
Guernsey	28	20	Summit	177	51
Hamilton	477	328	Trumbull	41	21
Hancock	42	26	Tuscarawas	50	34
Hardin	27	22	Union	20	19
Henry	25	15	Van Wert	32	21
Highland	29	22	Washington	51	33
Hocking	12	9	Wayne	30	23
Holmes	12	11	Williams	29	12
Huron	20	17	Wood	50	33
Jefferson	49	47	Wyandot	13	8

War Notes

A statement issued by the Council of National Defense, under date of December 15th, shows that prior to that time 918 Ohio physicians had been recommended for commissions in the Medical Officers' Reserve Corps by the Surgeon General's Office. This is an increase of 112 over the number accredited in the report of October 1.

New York heads the list of states with 2,254 commissions or 14.4%; Pennsylvania is a close second with 2,055 commissions, a percentage of 17.8; Illinois comes third with 1,436 commissions or 13.5, and Ohio ranks fourth with 918 commissions, a percentage of 11.4. Wyoming gets the booby prize with 16 physicians recommended, an average of 6.4%.

It is interesting to note that while Ohio ranks fourth in the number of physicians registered and in the number of commissions recommended, she stands thirty-fourth in the per cent. of her physicians recommended. In this last column Nevada leads, having 24% of 154 physicians recommended for commission; Arizona is second with 21.2% of 307 registered, and Pennsylvania comes third with 17.8% of 11,502 physicians, Arkansas and Wyoming compete for basement honors with 6.4% of their physicians registered.

The figures for practically every other state in the list include the entire number of physicians in service, but the 918 commissions accredited Ohio do not represent the total number of Ohio physicians who have entered active service. In addition, there are nearly 100 with the various departments of the National Guard and between 25 and 50 more are serving with English and French troops abroad.

Four hundred Ohioans were called to active duty at camps of instruction during the first half of December and advice from the War Department indicates that many more will be called in the near future.

The impression that Dr. Charles S. Hamilton of Columbus had been called East to active service, is false. Dr. Hamilton is commissioned, but is assigned to duty in Columbus as advisor to Governor Cox in all matters affecting the medical phase of the selective draft.

Dr. Arthur C. Bachmeyer, superintendent of the Cincinnati General Hospital, has requested that his salary be reduced from \$4,500 to \$2,100 a year during the period of the war, as he now receives \$2,400 for service as a captain in the Medical Officers' Reserve Corps.

Dr. M. J. Longworth of Lima, Lieutenant M. O. R. C., is serving as assistant to the surgeon, in charge of a hospital for contagious diseases at Secaucus, New Jersey. There were 300 soldier patients at the hospital on January 5.

A note from Dr. M. B. McGonigle of Toledo, Captain M. O. R. C., advises that he is now engaged in special work in urology and dermatology at Washington University, St. Louis.

Dr. Karl D. Figley of Toledo, Lieutenant M. O. R. C., is in charge of a ward of 64 beds in the City of London Military Hospital, England. Lieutenant Figley's mother advises us that he is "doing his best as well as his bit."

The National Surgical Dressings Board went out of existence recently and became a part of the Red Cross. Although an auxiliary of the American Red Cross the organization kept its identity up to January 1. It joined the Red Cross with the guarantee that 250,000 surgical dressings made from the French model will be turned out each month, as well as 1,000 shirts for the French wounded.

Major Edgar King of the United States Medical Corps will visit Cleveland soon to study Warrensville Farms as a possible site of a hospital for convalescent soldiers. Major King also is expected to inspect hospitals in the city with a view of their use by the government.

Dr. C. A. Berger of Toledo, medical officer of the United States battleship Massachusetts, has returned to his duties after a holiday furlough.

The Red Cross Sanitary Service has appropriated \$3,000 for the establishment and equipment of a clinic for the treatment of venereal diseases at Camp Sherman. The clinic will be in charge of Dr. Dana Robinson, superintendent of the five mile health zone surrounding the camp, and two nurses, and will be ready for use February 1.

Dr. J. C. Larkin of Hillsboro (Lieutenant M. O. R. C.) has been given an honorable discharge by the War Department on the grounds of physical disability. Dr. Larkin recently filled a week's special assignment at Kelley Field, an aviation camp in Texas.

Efforts are being made to convert the Columbus Barracks into a great hospital for wounded soldiers. The barracks, which is now used as a recruiting depot at which volunteers are received from all parts of the country and from which they are sent to the various camps for training, is the most important army post in the entire country and the largest of a group of five similar institutions. An idea of its size may be had from the fact that 40,000 volunteers, more than an entire army division, have passed through its gates since April 1. It is interesting to note that there has been but one death at the post since last August, although 128 operations were performed during December. Because of a

dozen cases of measles, 2,700 are now quarantined at the barracks.

Dr. M. O. Phillips of Fremont, Captain M. O. R. C., has been assigned for duty with the aero squadron at Kelley Field, San Antonio, Texas.

Arrangements have been completed between federal authorities and the state board of administration whereby men who enlist in military service from Ohio, and who later are adjudged insane, will be committed directly to one of the state hospitals instead of being sent to prison and forced to await a hearing. Under the new arrangement, the findings of army or naval officers will be considered the same as probate court findings and they will be given the same privilege of committing men directly to the hospitals for the insane. While no Ohio cases have been reported, other states are having a number of soldiers sent home because of mental deficiency.

A recent report received by the Surgeon General from General Pershing concerning the health conditions of the American expeditionary forces contained the statement that there is not a single case of typhoid or para-typhoid among the thousands of Americans now in France. Reports for a similar period from the various camps and cantonments, where more than 1,000,000 have been in training in United States for two or more months, revealed only seven cases of typhoid and one case of para-typhoid.

Official records of the Spanish-American War show that more than 90 per cent. of the volunteer regiments developed typhoid fever within eight weeks after being gathered in state encampments.

Nine Ohio State University students were accepted into the Medical Enlisted Reserve Corps, December 22. They will continue their studies until graduation, after which they will enter active service.

Dr. Charles W. Moots of Toledo, lieutenant-commander of Naval Hospital Unit No. 7, was ordered, during late December, to recruit the unit to full strength.

Dr. James G. Alcorn of Columbus, who went abroad a few months ago to engage in war relief work, expects to return home in the near future and interest some of the church organizations of central Ohio in raising money for the upkeep of beds in the hospital with which he is connected—Dr. DePage's in La Panne, Belgium. A letter from Dr. Alcorn discloses the fact that the hospital, which contains 1,600 beds, was built up by Dr. DePage under great difficulties, and that it is unique in that it is the only hospital that has been attempted in such close proximity to the front lines. All the work is divided into separate divisions, each division fully and completely organized with chief of staff and assistants. Dr. Alcorn says that we may get some

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idea of the number who are treated there when we are told that 28,000 X-Ray pictures alone have been made.

Dr. E. S. Jones of Painesville, Lieutenant M. O. R. C., has been assigned to duty at Camp McArthur, Aviation Corps, Waco, Texas.

These promotions have been announced at the Columbus Barracks: Captains George C. Schaeffer and Frank Winders, both of Columbus, to the rank of major; Lieutenant John A. Rhiel of Malvern to the rank of captain.

Dr. Thomas A. Ratliff, former resident physician at Grandview Sanitarium, Cincinnati, has re-enlisted in the United States Navy. Dr. Ratliff has been assigned to psychiatric work at the Naval Hospital at Norfolk, Virginia, with a rank equal to that of captain in the army.

Major H. H. Snively of Columbus, commander of the 146th Field Hospital Company, has been assigned to the 112th Sanitary Train as director of field hospitals at Camp Sheridan.

Looking forward to the increasing demand for physicians in the army, the lines of exemption for medical graduates are being drawn more closely. Major Horace D. Arnold of the Surgeon General's Office has sent revised orders to hospitals and medical colleges throughout the country. The order says, in part:

"For the purpose of obtaining better qualified medical officers, it is the intention of the Surgeon General, if conditions permit, to allow a graduate of a well-recognized medical school to serve for one year as an interne in an approved hospital before calling him for active duty in the army.

"An interne who has already served one year or more as such will not be approved for enlistment in the Medical Enlisted Reserve Corps. He may, if he wishes, apply for a commission in the Medical Officers' Reserve Corps, but with the expectation that he will be called to active duty as soon as needed.

"The internship should begin as soon as possible after graduation. In the following provisions the reckoning of time shall be from the last day of that month in which the degree of M. D. is conferred. For one month from that time a free choice from available internships in approved hospitals will be allowed.

"No internship will be approved which begins later than four months from that time. If the internship begins between one and four months from that time, approval will be given only when the Surgeon General is satisfied that the time intervening between graduation and the internship will be spent in a way that will improve the training of the graduate for army purposes."

Recent Orders Issued by the Surgeon General's Office to Ohio Physicians in Military Service

The following notes taken from recent orders published by the Surgeon General's Office detail in a general way the movements of Ohio physicians in active military service:

To Army Medical School, Washington, D. C.: Lieutenant Elmer A. Klein, Norwood; C. D. Hamilton, Canton; N. E. Leake, Van Wert.

To Camp Beauregard, Alexandria, Louisiana: Lieutenant J. E. McClelland, Cleveland.

To Camp Cody, Deming, New Mexico: Lieutenants Virgil J. Fruth, Fostoria; William F. Millhon, Columbus; William S. Nichols, A. A. Stone, Cleveland.

To Camps Custer, Grant, Dodge, Funston, Sherman, Fort Thomas and Fairfield: Captain Eugene F. McCampbell, Columbus, (to investigate the control of venereal diseases and on completion to Columbus for conference with the state commissioner of health of Ohio.)

To Camp Doniphan, Fort Sill, Oklahoma: Lieutenant John C. George, Dayton.

To Camp Kearney, Linda Vista, California: Lieutenant Victor R. Small, Columbus.

To Camp McArthur, Waco, Texas: Lieutenant E. S. Jones, Painesville.

To Camp McClellan, Annistown, Alabama: Lieutenants Roy F. Jolley, Columbus; N. E. Stewart, Ashtabula; J. A. Meek, Cleveland.

To Camp Meade, Maryland: Lieutenant A. N. Wiseley, Ada.

To Camp Sevier, Greenville, South Carolina: Lieutenants G. E. Flinn, Coolville; Robert W. Schilling, Toronto.

To Camp Taylor, Louisville, Kentucky: Lieutenant G. S. Mytinger, Portsmouth; Captain M. B. McGonigle, Toledo.

To Camp Wheeler, Macon, Georgia: Lieutenant Lewis A. Oster, Cleveland.

To Chicago, Illinois: Lieutenant F. S. Cooper, Lakewood.

To Cincinnati, Ohio: (Aviation Section) Lieutenant Edward King, Cincinnati.

To Cleveland, Ohio: Lieutenant Harold Wilson, Conneaut.

To Fort Logan H. Roots, Arkansas: Lieutenants F. E. Solier, Bryan; R. W. Reynolds, Fayette.

To Fort Oglethorpe, Georgia: Lieutenants Geo. B. Faulder, James B. Stewart, James H. Warren, J. R. Nichols, Columbus; Clark E. Sharp, Chillicothe; Frederick Swing, Harrison; Harry E. Woodbury, Akron; George T. Mehan, Cincinnati; Charles Schofield, Rock Creek; F. T. Miles, Salem; L. L. Marriott, St. Louisville; Capt. J. K. Day, Waynesfield.

To Fort Riley, Kansas: Lieutenant O. E.

Chenoweth, Lima; C. S. Mundy, Toledo; Major W. J. Stone, Toledo.

To Metuchen, New Jersey: Lieutenant W. A. Ricard, Toledo.

To New York City: (Base Hospital No. 116) Lieutenant Floyd W. McRae, Jr., Cleveland. (Post-graduate Medical School) Lieutenants Lawrence D. Miller, Toledo; Edwin F. Wakefield, Chagrin Falls; Charles H. Bailey, East Liverpool; Captain William A. Quinn, Portsmouth. (Rockerfeller Institute) Lieutenant Carroll H. Skeen, Senecaville; R. E. Stifel, Cleveland.

To Philadelphia, Pennsylvania: Lieutenant Howard H. Davis, Cleveland.

To Rochester, Minnesota: (Mayo Clinic) Captain H. M. Osborne, Youngstown.

To San Antonio, Texas: Lieutenants R. S. Reich, John W. Tippie, Cleveland; C. J. Schirack, Coldwater.

To South San Antonio, Texas: (Kelley Field) Lieutenant R. G. Strong, Medina.

To Washington, D. C.: Lieutenant G. C. Smith, Mansfield.

To Washington University, St. Louis, Missouri: Lieutenants E. J. Braun, Youngstown; C. E. Pfeifer, Columbus.

To Wilbur Wright Field, Fairfield, Ohio: Lieutenant John C. Larkin, Hillsboro.

To Home: Lieutenant Bernard R. LeRoy, Athens; Captains E. E. Adel, Columbus; O. A. Dickson, Jefferson; E. W. Tidd, Stockdale; Lieutenants G. L. Haefle, Cleveland; J. C. Larkin, Hillsboro.

Speaking of the unfortunate loss of time occasioned by delay in calling out physicians who settled up home affairs and stopped practice immediately after receiving commissions, in order to be ready to respond to a call to active service promptly, a letter from Dr. Franklin Martin of the Council of National Defense, Washington, D. C., to the Ohio branch of the Council, says:

"Urge all those available for service to apply for a commission so that they may be properly classified and used to the best advantage. However, advise no one to discontinue the practice of medicine until orders are received as it is impossible to state a definite date. Fifteen days will always be granted—that is, fifteen days from the date of order to the date of reporting for duty. If the order is written otherwise a request for extension of time will be granted up to fifteen days. Any member of the Corps who has written asking for immediate service will not, of course, ask for an extension as these men will undoubtedly be called when haste is necessary. Those desiring immediate service should write to the Surgeon General and make such request."

NEWS NOTES OF OHIO

Palmira—Dr. W. J. Thomas has removed to Ravenna.

Cincinnati—Dr. Leo Majowski has been appointed district physician.

Barberton—Dr. A. H. Stall spent a week in December at the Chicago X-Ray Institute.

Portsmouth—Dr. O. W. Robe has returned after spending two weeks in New York in post-graduate work.

Mt. Vernon—Dr. Frederick F. Dowds was named township physician and Dr. I. S. Workman assistant, January 2.

Columbus—Dr. Gertrude H. Transeau has passed an examination for assistant epidemiologist in the state department of health.

Dayton—Dr. Pearl N. Gunkel has resigned as a member of the staff of district physicians attached to the Dayton health department.

Springfield—Dr. Clinton M. Heistand narrowly escaped injury, December 26, when his machine was struck by a train, ripping off the left wheels of the auto.

Dayton—Dr. William C. Marshall, district physician, has resigned and will resume practice at his former home in Selma. Dr. William B. Bryant is his successor.

Sandusky—Dr. C. A. Schimansky spent three weeks of January in work at the New York post-graduate and polyclinic hospitals, taking a special course in goiter.

Tiffin—Dr. George W. Williard was re-appointed infirmary and jail physician, his compensation to be \$250 per year for the former and \$75 per year for the latter.

Urbana—Fire thought to have been caused by a smoldering match resulted in \$200 worth of damage in the laboratory of Drs. Richard T. and Robert Henderson, December 25.

Columbus—Dr. Andre Crotti addressed the General Practitioners' Society, December 14, on "Cancer." He later entertained the members with a dinner at the Athletic Club.

Toledo—Messrs. Smith, Baker, Effler & Allen, general counsel for the Ohio State Medical Association medical defense, announce the addition of Mr. LeRoy E. Eastman to their staff.

Mansfield—Dr. George W. Miller is spending the winter in Florida. He expects to return about April 1. During Dr. Miller's absence Dr. C. E. Hunter of Bellville is in charge of his office.

Forest—Dr. W. H. Rabberman had both feet frozen recently when answering a professional call. His automobile stalled in a drift and he was forced to walk through two miles of deep snow.

Lancaster—Dr. John J. Silbaugh kept open house New Year's day for the physicians of this city. Dr. Ben R. McClellan of Xenia addressed the doctors on "What is the Physician's Military Duty?"

Elyria—Dr. C. F. Hoover, Cleveland, addressed a mass meeting here, December 16, under the auspices of the local Red Cross chapter. He gave an interesting description of Red Cross work in the war.

East Liverpool—Dr. Edward F. Larkin is the writer of the words of a song entitled "America's Call." It is dedicated to the Current Events auxiliary of the East Liverpool chapter of the American Red Cross.

Columbus—Burglars entered the office of Dr. J. E. Brown, December 19, and stole a quantity of cocaine solution and a number of surgical instruments. This is the third time the office has been robbed recently.

Toledo—Toledo University has bought the Toledo Medical College building for a consideration of \$25,000. Ten thousand of this amount was immediately turned back to the university in trust to support the work.

Portsmouth—Members of the Hempstead Academy of Medicine have increased the price of vaccination from fifty to seventy-five cents. This action was made necessary because of the advance in the price of vaccine virus.

Columbus—Dr. Edward Herbst retired recently as a member of the board of education to become a candidate for city physician. Dr. Herbst ranked highest among those who took the civil service examination for the position, which pays \$2,000 a year and requires only part time service.

Cincinnati—Dr. Hiram B. Weiss has been appointed successor to Dr. Thomas H. Kelly as assistant to Dr. Roger S. Morris, professor of internal medicine at the University of Cincinnati and director of that department at the General Hospital. Dr. Kelly enlisted in the Medical Officers' Reserve Corps and is now at Camp Oglethorpe.

Toledo—Dr. Paul M. Holmes of the city department of industrial hygiene has been made one of the editors of the industrial hygiene section of the American Public Health Journal, which is the official organ of the American Public Health Association. Drs. E. R. Hayhurst and R. P. Albaugh of Columbus have also been added to the staff.

Cincinnati—Dr. Frank Harmon, superintendent of Longview Hospital, was stricken with paralysis, December 24. He has been granted an indefinite leave of absence and expects to spend the winter in the South. Dr. Anderson E. North, chief physician at Cincinnati Sanitarium, College Hill, has been named acting head of the institution during Dr. Harmon's absence.

DEATHS IN OHIO

Charles Francis House, M. D., Long Island College Hospital, Brooklyn, 1874; aged 69; formerly a Fellow of the American Medical Association; for several terms president of the Lake County Medical Society; died at his home in Painesville, December 12, from a nervous breakdown.

A. T. Hagemeyer, M. D., Medical College of Ohio, Cincinnati, 1886; aged 58; was found dead in bed at his home in Youngstown, November 30.

Julius Royal Fisher, M. D., College of Physicians and Surgeons, Baltimore, 1910; aged 33; Fellow of the American Medical Association; died at his home in Akron, December 23, of septicemia. Dr. Fisher was born in Mt. Vernon, December 13, 1884. Before taking up the study of medicine he attended Ohio University at Athens, receiving his A. B. degree from that institution in 1905. He was admitted to membership in the Summit County Medical Society in 1911, the year following his graduation from medical college. The widow, father, mother, five brothers and five sisters survive.

George F. Owen, M. D., Starling Medical College, Columbus, 1892; aged 49; died at his home in Columbus, December 27, from uremic poisoning. Dr. Owen had received a lieutenant's commission in the Medical Officers' Reserve Corps but had not been called to active service. He is survived by his wife, a sister and a brother, Dr. W. A. Owen of Valley Crossing.

Earl Benjamin Maxwell, M. D., Worcester Eclectic Medical College, 1915; aged 30; member of the Ohio State Medical Association; died, December 25, following an operation in a Toledo hospital. Dr. Maxwell made his home in Van Buren, but he maintained offices in both Findlay and Van Buren. He was health officer of Allen Township and was instrumental in organizing the Van Buren chapter of the Red Cross.

Maurice Smith, M. D., Western Reserve University School of Medicine, Cleveland, 1895; aged 54; member of the Ohio State Medical Association; died suddenly of apoplexy, December 21, at his home in Massillon. Dr. Smith had practiced in Massillon for 22 years, coming to this city immediately after his graduation from college. The widow, two daughters, his mother, three brothers and one sister survive. Dr. Clarence E. Smith of Massillon is a brother.

Jacob C. McCormick, M. D., Western Reserve University School of Medicine, 1890; aged 56;

member of the Ohio State Medical Association; died at his home in Mt. Gilead, December 20, of heart trouble, from which he had been suffering for three weeks. Dr. McCormick had practiced in Mt. Gilead for 18 years. He leaves his wife, one daughter and two sons. One son, Lieutenant Ward McCormick of Detroit, is in the Medical Officers' Reserve Corps.

John Simmons, M. D., Georgetown University School of Medicine, Georgetown, D. C., 1859; aged 85; retired physician of Middleport, died at his home, December 25. Dr. Simmons was a veteran of the Civil War and practiced in Portland, Ohio, for 43 years before coming to Middleport.

Harry Clifton Neff, M. D., Cleveland Pulte Medical College, 1898; aged 43; died at his home in Dunkirk, December 12, following an illness of ten months. Death was due to heart trouble. His wife and one daughter survive.

James Hensley, M. D., Eclectic Medical College, Cincinnati, 1867; aged 85; died at his home in Marion, December 21, after an illness extending over three years. Dr. Hensley was a minister of the United Brethren Church for 73 years, having taken up the study of medicine while engaged in that work. He retired from active practice in 1913. He leaves his wife, one daughter and three sons, two of whom are physicians.

Wyndham Clyde Sparling, M. D., Ohio State University College of Medicine, Columbus, 1915; aged 32; member of the Ohio State Medical Association; died at his home in Akron, December 29, of septicemia. Dr. Sparling was born in Washington County and received his A. B. degree from the Marietta college before entering medical college. He was a member of the Kappa Kappa and Delta Epsilon fraternities and was admitted to membership in the Summit County Medical Society in 1916. In 1913 Dr. Sparling was awarded a bronze medal and a cash reward by the Carnegie Commission for rescuing 18 persons from a housetop in the flooded section of Columbus.

Joseph G. Fudge, M. D., Illinois Medical College, Chicago, 1903; aged 52; member of the Ohio State Medical Association; died at his home in Spring Valley, January 2, as a result of a general breakdown in health. His wife, one son and three daughters survive.

Charles T. Rauschkolb, M. D., Columbus Medical College, 1891; aged 53; died at his home in Columbus, January 3, of injuries inflicted by an insane man. He leaves a daughter and two brothers. Dr. John Rauschkolb of Columbus is a brother of the deceased man.

OHIO HOSPITAL NOTES

—The joint committee for the proposed tuberculosis hospital composed of representatives of the boards of commissioners of Sandusky, Lorain, Huron, Erie and Ottawa Counties have under consideration three sites—one in Lorain County, one in Huron and a third in Fremont. It is estimated that the building will cost \$150,000.

—Dr. Rush R. Richison of Yellow Springs assumed his duties as superintendent of the Springfield District Tuberculosis Hospital, December 14. Dr. Richison has been in New York for the past three months, taking graduate work.

—Sandusky scribes have taken exception to the action of the building committee of the new Good Samaritan Hospital in engaging eastern architects to plan the building. They contend that there are competent men and physicians in the city, well qualified and willing to serve without pay in planning the hospital, and that inasmuch as the \$100,000 raised by popular subscription for the building will have to be replenished through appeals to charity, extreme care should be used in spending the money. Physicians and nurses of the city have been invited to inspect and criticise the plans which have been forwarded to Sandusky.

—Dr. R. E. Bushong, assistant superintendent of the Athens State Hospital, is serving without pay as resident physician at the Cincinnati General Hospital in order to take post-graduate work at the institution. Three members of the staff left recently to accept posts elsewhere: Dr. Clyde F. Watts to Seattle; Dr. D. C. Robbins to New York, and Dr. Paul H. Rowe to Chicago.

—Two popcorn sales under the auspices of the Home Economics Association of Cincinnati netted \$2,000, to be used for the equipment of the Cincinnati base hospital nurses.

—The will of the late Anne M. Johnson of Johnson's Corners bequeathed to the Chillicothe City Hospital the sum of \$15,000, to be held in trust for the worthy poor in need of care at the hospital.

—Graduates of Bethesda and Good Samaritan Hospitals, Zanesville, have announced an increase of from \$25.00 to \$30.00 per week for payment of nursing services.

—An addition which will increase the capacity of Union Hospital at Dover from 17 to 50 patients will be started early this year.

—Dr. J. O. Starr, owner and manager of the Marion General Hospital, announced the closing of the hospital, December 22. This action had been anticipated for some time, Dr. Starr having made it known that he was losing money at the

rate of \$50.00 per week, due to the increased price of hospital and food supplies without a corresponding increase in fees. Only two hospitals—Orchard and Maternity—are now available in Marion.

—Dr. Oliver P. Holt has resigned as a member of the medical staff of the Cincinnati General Hospital.

—The nurses' home built in connection with Bethesda Hospital, Zanesville, was formally opened December 17. The building is of brick and contains 20 rooms.

—Salem City Council is considering the payment of the city hospital for charity patients on the basis of a daily rate instead of the usual \$1,000 annual appropriation.

—The addition to the Deaconess Hospital, Ironton, will be ready for occupancy February 1. A number of rooms are being equipped as memorials.

—A campaign for the benefit of Cincinnati Bethesda Hospital in late December resulted in the raising of \$250,000.

—In 1914 it cost Cincinnati \$300,000 to maintain her General and Tuberculosis Hospitals. In 1918 the cost will be about \$900,000, an increase of \$600,000 in five years or since the building of the new General Hospital. As an economy measure Safety Director Friedlander favors the taking over of the Tuberculosis Hospital by the county, which would save the city \$192,000 a year. He also suggests that there are some patients at the General Hospital who should pay something for service, the number of charity patients having increased from 225 (in the old building) to nearly 600 (in the new hospital) at the present time.

—Dr. John A. Hornsby of Chicago, editor of *"The Modern Hospital,"* who recently investigated conditions at Miami Valley and St. Elizabeth's Hospital, Dayton, to determine the cost of caring for charity patients, is warm in his praise of those institutions. Dr. Hornsby advised the city commission against building a municipal hospital, stating that for the \$600,000 a year appropriated for the use of the hospital, the city's charity patients are being as well cared for as they could be in a city-owned institution.

—Dr. Nelson H. Young, assistant superintendent at Toledo State Hospital for 18 years, has accepted a similar position at Western Washington State Hospital, Fort Steilacoom, Washington.

—No municipality has a right to contract with a private institution for operation and management of a municipal contagion hospital. This ruling was given by Attorney General McGhee, December 30, at the request of the city solicitor of Lorain. Mr. McGhee also held that a municipal corporation has no authority to lease lands on which to erect a contagion hospital unless the lease is for 99 years, renewable forever.

* MEETINGS OF CINCINNATI *
* ACADEMY OF MEDICINE *

(Report by W. R. Abbott, M.D., the Secretary)

Meeting of Monday, January 14—The results of the annual election of officers were announced and the installation of these men in office followed: President, Dr. Ambrose Johnston; first vice-president, Dr. Gordon F. McKim; second vice-president, Dr. Nora Crotty; secretary, Dr. W. R. Abbott; treasurer, Dr. A. G. Drury; librarian, Dr. E. O. Smith; censor, Dr. W. D. Porter; trustee, Dr. D. T. Vail; delegates to State Meeting, Drs. Albert Faller, C. T. Souther, Kennon Dunham, Mark Brown and J. A. Thompson; alternates, Drs. Fred Lamb, C. G. Crisler, W. H. Peters, Edward King and W. R. Abbott. The annual reports of the various committees and officers were read and there was an interesting paper on "Duodenal Fistulae." Announcement was made that the dues of members enlisted in military service had been paid from the Physicians' Liberty Fund. (Program)

* MEETINGS OF CLEVELAND *
* ACADEMY OF MEDICINE *

(Report by J. E. Tuckerman, M.D., the Secretary)

At a meeting of the Council of the Academy of Medicine held Tuesday, January 8, 1918, at the University Club, the following members were present: The president, Dr. Follansbee in the chair; Drs. Berkes, Bernstein, Birge, Lueke, Oakley, J. J. Thomas, W. H. Tuckerman, J. E. Tuckerman, Updegraff and Weir. The members proceeded to the organization of the Council. Dr. C. L. McDonald was elected secretary-treasurer. The following were elected chairmen of the standing committees: legislative, J. E. Tuckerman; public health, J. J. Thomas; civic, W. J. Quigley; membership, Wm. B. Chamberlin; program, C. H. Lenhart. On motion the time and place for meeting was set for the second Tuesday of the month, 6:00 P. M., the University Club.

Council then took up routine business. The minutes of the previous meeting were read and approved. On motion the Council was directed to appoint a committee to confer with the directors of the Cleveland Medical Journal. On motion the Council requested that Dr. Follansbee act as the committee to confer with the directors of the Cleveland Medical Library Association as to arrangements for the year.

On motion the secretary was directed to make arrangements for the use of the projectoscope for the coming year.

On motion the following members were reap-

pointed to the Milk Commission: John Phillips, J. J. Thomas, H. J. Gerstenberger, S. W. Kelley. On motion the following were appointed members of the Auxiliary Committee of the Red Cross: C. F. Hoover, H. G. Sloan, R. K. Updegraff. On motion the chairman of the Legislative Committee was appointed member of the Auxiliary Committee on Public Policy and Legislation of the Ohio State Medical Association. The chairman requested that consideration of the continuation of the Grievance Committee and the appointment of its chairman be postponed until the next meeting.

MEETINGS OF COLUMBUS

ACADEMY OF MEDICINE

(Report by Ivor G. Clark, M.D., the Secretary)

Meeting of December 17.—Upon motion of Dr. Hugh Baldwin the treasurer's report was accepted. Dr. J. A. Beer of the Health Committee, reported on the status of the water and milk supply and infectious diseases. He said the milk supply in Columbus has improved every year and three-fourths of this supply is being pasteurized. Dr. Beer gave specific details concerning the mortality and death rate of various diseases in the city of Columbus during the past year.

Dr. L. L. Bigelow, in reviewing the advances in surgery, considered the progress made in the treatment of infected wounds the most important discovery of the year. Dakin's treatment and its modifications were taken up in some detail. Ambrine in the treatment of burns was indorsed. Recent work by Porter on shock was summarized in which the writer mentions a possible relation between shock and pulmonary fat embolism. The omentum and its life saving functions are being even more appreciated by the surgical profession than formerly. Dr. Bigelow finished his paper by telling what is being done toward the standardization of hospitals and their equipment.

Dr. C. W. McGavran, in reviewing medical progress, cites authorities who claim that the autopneumococcic serum is of value if the infection is due to the type one pneumococcus. Success of the serum for anterior poliomyelitis seems assured, the death rate in certain clinics being as low as 7% with almost invariable prevention of paralysis when given in proper time. Some evidence is accumulated that tartar emetic is of value in tertian malaria. Bichloride of mercury solutions are being used intravenously instead of salvarsan with seemingly good results. Radium is establishing a larger field of assured usefulness.

Dr. W. D. Inglis devoted the first part of his paper to a review of the importance of the in-

ternal secretions in obstetrics. Various experiments with placental tissues were described. Dr. Inglis condemned the use of pituitary extract. For anaesthesia in child-birth, he prefers morphine and scopolamine for the first stage and nitrous oxide for the second. Caesarean section is performed too often in Dr. Inglis's opinion. There is a definite tendency toward conservatism in the management of the toxemias of pregnancy.

Dr. Ernest Scott then gave the President's address, reviewed the work of the year, expressed satisfaction in the organization for the Patriot Fund, and advised that a special committee be appointed to watch carefully after the interests of the physicians in the approaching movements toward health insurance.

The result of the ballot for president, electing Dr. J. L. Gordon, was read and Dr. Gordon took the chair. Other officers are: Vice-president, Dr. John Rauschkolb; trustee, Dr. E. W. Schueler; delegates, Dr. A. C. Wolfe, Dr. J. H. J. Upham, Dr. Geo. W. Keil.

Dr. J. E. Brown read an exhaustive paper dealing with the subject of Herpes Zoster Oticus—A geniculate Ganglion Syndrome. Dr. Brown reviewed the subject of Herpes in considerable detail, describing representative cases of this disease. The condition has been considered quite rare, but, as the picture of this disease becomes more definitely outlined, it is likely that the number of cases recognized will increase. The paper was discussed by Dr. C. F. Bowen and Dr. Ida Wilson.

Dr. C. F. Bowen gave an illustrated lecture on "Cancer of the Skin." The slides showed, side by side, many epitheliomata of the face in different localities with their end results after treatment with the X-Ray. One could not escape the conclusion that the roentgen rays are of tremendous utility in treating these growths with slight mutilation of the tissues. The paper was discussed by Dr. G. W. Keil, Dr. Andre Crotti and Dr. Albert Barnes.

The amendment to increase the dues of the Academy to \$6.00 was passed upon motion of Dr. H. M. Platter and seconded by Dr. Carleton.

The applications of Dr. F. C. Haney and Geo. O. Hoskins were read.

Meeting of January 14.—Dr. C. E. Turner presented a paper advocating the use of Nitrous Oxid as the best analgesia obtainable and that the second stage of labor is shortened by its use. A case of delivery was illustrated with the motion pictures, this type of analgesia being used. The paper was discussed by Dr. W. D. Inglis who in the main supported the contentions of essayist. Dr. Clayton McPeck also took part in the discussion.

Dr. J. L. Gordon read the names of the men on the committees for the coming year.

MEETINGS OF THE TOLEDO ACADEMY OF MEDICINE

(Report by C. W. Waggoner, M. D., the Secretary)

The annual meeting of the Academy of Medicine of Toledo and Lucas County was held in the banquet hall of the New Waldorf Friday January 4, 1918. An eight o'clock dinner was served to 125 members. Following the dinner the regular order of business was disposed of, the election of officers resulting as follows: President, Charles Lukens; vice-president, E. W. Doherty; secretary, C. W. Waggoner; trustees, J. H. Jacobson, E. W. Doherty; delegates to state convention, L. A. Levison, J. G. Keller, C. W. Waggoner; alternates, W. H. Snyder, L. A. Levison, P. J. Bidwell; censors, two elected, J. L. Murray, Paul Hohly.

The reports of all the committees showed the Academy had made remarkable progress in all lines. The scientific and financial status is most satisfactory. Never before in the history of the local Academy of Medicine has there been as much enthusiasm demonstrated and as much feeling of good fellowship in evidence as on this night. The first medical organization in Lucas County was completed in 1851 with a membership of five, whose president was Hosmer Graham. Up through the years this organization has grown until now it may boast of an active membership of 238 and an associate and non-resident membership of 42. Nineteen ex-presidents were gathered at the round table especially arranged for this purpose: James T. Lawless, 1883; James H. Duncan, 1888-89; J. Mortimer Bessey, 1894; Oscar Hasencamp, 1895; W. H. Snyder, 1899; W. H. Fisher, 1900-1901; John North, 1902; W. J. Gillette, 1898-99; John A. Wright, 1894-95; J. H. Jacobson, 1903; H. L. Smead, 1906; Chas. N. Smith, 1908; John G. Keller, 1910; L. C. Grosh, 1911; W. A. Dickey, 1913; James L. Watson, 1914; Paul Hohly, 1915; Louis Miller, 1916; Chas. L. Lukens, 1917-18. From these men through the evening came stories of their experiences both in private practice and public work.

A letter from C. A. Kirkley who now resides in Los Angeles, California, was read. Dr. Kirkley's message was one of good cheer and wholesome thought, showing that the man who sent it lived above the fog. Dr. Kirkley was the first surgeon to do abdominal surgery in Lucas County and whose results in the first twelve cases were 100% successful. The history of medicine extending just as far as 1851 is filled with much interest but when you hear from the lips of men their experience, their life and work beginning at such an early date one is indeed aloof to the best things in his profession if he cannot appreciate.

Dr. Lukens as president of the Academy gave the annual address which was just another dem-

onstration of the high intellectual plane Dr. Lukens occupies. Filled with the justice of his convictions and having just finished a most successful year as executive of the local society, it was possible for the president to take up medical organization work from a practical point of view and impress his audience with the importance of the work as it concerned the public, the medical profession, the doctor's family and the doctor himself, closing his address with the presentation of a service flag to the trustees of the Academy upon which were 37 stars representing the 37 active members who are in military service.

Thus came to a close a meeting which marked the end of the most successful year of the Academy of Medicine of Toledo and Lucas County, a year in which was held 40 meetings, not the least of which was one in which the Physicians' Patriot Fund was inaugurated and carried through to a successful issue. Having equipped 26 men who have gone into service, the fund is still accumulating and men are still being supplied.

A noteworthy circumstance in the year's work was that out of the vast number of men whose names appeared on programs on different occasions only four failed to report at the specified time. The average general attendance was 85. The section officers for the past year should receive special commendation for their work, each one doing his part to make the meetings successful.

The meeting was one which will do much for medicine locally and produce its proportionate results for medical organization over the country.

Makes Birth Registration Easier

Now that Ohio has been admitted to the Federal Registration Area, the State Bureau of Vital Statistics means to make it easy for the physicians of this state to maintain its high standard by keeping accurate records of births attended and promptly reporting same.

Instead of furnishing physicians with the customary book of blank certificates and stubs, arranged much after the fashion of a check book, Registrar J. E. Monger has designed a small pamphlet to be carried in the obstetrical bag. Because of the inconvenient size of the certificate book most physicians did not carry it with them, but took the needed data on an envelope or any available scrap of paper, the loss of which frequently caused much trouble by reason of failure to re-secure the information and file same with the local registrar. The new pamphlet is five by seven inches and is bound in convenient shape. It contains space for the information formerly noted on the stub of the certificate book and will prove indispensable to the doctor in keeping his birth records accurate.

Local registrars have a supply of the pamphlets and will furnish same on request.

COUNTY SOCIETIES

FIRST DISTRICT

Butler County Medical Society met in the Hamilton Y. M. C. A. auditorium, December 19, and the following program was given: Report of Clinical Congress at Chicago—Dr. Louis H. Frechtling; Talk of Some New Phases of State Medicine—Dr. Otto P. Geier. The establishment of a co-operative library of periodical medical literature was discussed. (From a news clipping.)

Clermont County Medical Society held its annual meeting in Milford, December 19, and elected the following officers for the ensuing year: President, J. L. Fomorin of Marathon; vice-president, Allen Rapp of Owensville; secretary-treasurer, F. H. Lever of Loveland. The program was made up of discussions and case reports, owing to the absence of Dr. Carothers of Cincinnati, who was scheduled to make the principal address. Dr. C. J. Spence read a paper on "Medical Science," and Dr. R. C. Belt led in the discussion that followed. Dr. C. T. Souther of Cincinnati, presented an interesting paper on "Inguinal Hernia." Arrangements were made to hold a summer session at Bethel, Ohio.—F. H. Lever, Correspondent.

SECOND DISTRICT

Champaign County Medical Society held its regular monthly meeting in Urbana, December 13. The meeting, which was devoted entirely to business, was attended by nine Urbana members, the out-of-town members being unable to attend because of inclement weather. These officers were elected for 1918: President, D. C. Houser, Urbana; vice-president, Harry Hunt, St. Paris; secretary-treasurer, D. H. Moore, Urbana.—(From a news clipping.)

Clark County Medical Society enjoyed its annual luncheon at the Hotel Bancroft, Springfield, January 2. The attendance numbered approximately fifty. The customary banquet which is given by the organization each year was abolished owing to the necessity of food conservation, and only a light luncheon was served. Officers for 1918 were installed and addresses on technical work and the accomplishments of the society during the past year were made by the retiring officers. In his presidential address, Dr. W. C. Taylor stated that the policy of the society for the coming year would be to assist in every way possible any government demands; to try and get every member of the society to attend meetings, and to try by bringing the members in closer re-

lation to develop in each a desire to so act in his professional work that his association with the profession would be one of pleasure.—(From a news clipping.)

Miami and Shelby County Medical Societies met in joint session at the Piqua Club, January 3, with fifty members present. The program follows: "Fractures of the Patella," Dr. R. L. Kunkle, Piqua; "No Man's Land," with lantern slide demonstration, Dr. James Manara Rector, Columbus. Discussions were led by Dr. R. M. Shannon of Piqua. The scientific program began at 11 a. m. Luncheon was served at 1 p. m., after which the scientific program was resumed.—(From a news clipping.)

Montgomery County Medical Society held its regular meeting January 4. The reading of the annual reports of the various committees showed 1917 to be an exceptionally successful year. A resolution was passed to discontinue the health publicity columns in the Sunday newspapers. The constitution revision committee reported that the changes would be many and varied, and would be placed before the society for action in the near future. Brief talks were made by Dr. E. A. Baber, the retiring president, and by his successor, Dr. L. G. Bowers, on the past and future activities of the organization.

THIRD DISTRICT

Allen County Medical Society held its last meeting of the old year, December 18. Dr. R. J. Baxter of Spencerville read a paper on "Diseases of the Vascular System," which was discussed by Dr. A. C. Adams of Lima. Drs. B. F. Thut of Elida and C. E. Stadler of Lima also took part in the discussion.—(From a news clipping.)

Auglaize County Medical Society met, December 27, in St. Marys. Dr. H. S. Noble of St. Marys read a paper on "Medical Points and Pick-Ups." A resolution was adopted to pay the dues of members in active military service from the treasury of the society. A committee was appointed to receive contributions for the Matson Memorial Fund. Next meeting will be held in Wapakoneta.—C. L. Mueller, Correspondent.

Logan County Medical Society held its January meeting in Educational Hall, Bellefontaine, on the 4th. While the attendance was not large a very enthusiastic meeting was held. Dr. J. W. Croft of West Liberty gave an interesting address on "Endocarditis," which brought out a generous discussion. Dr. J. P. Harbert of Bellefontaine, president of the society, spoke on "War Medicine and War Surgery" and gave an outline of the year's work. A committee was appointed to look up the new ideas brought out in the study

of the above subjects and present them to the society.—Guy J. Kent, Correspondent.

Mercer County Medical Society met in regular monthly session in the mayor's office at Celina, January 8. An excellent paper on "LaGrippe" war read by Dr. Downing of Rockford, and some interesting case reports were given by Drs. Ayers and Downing. An interesting discussion followed. The next meeting will be held February 12.—(From a news clipping.)

FOURTH DISTRICT

Ottawa County Medical Society, meeting in annual session at Port Clinton, December 13, elected the following officers for 1918: President, Dr. C. S. Downing, Genoa; vice-president, R. A. Willett, Elmore; secretary-treasurer, S. T. Dromgold, Elmore; legislative committeeman, A. A. Brindley, Port Clinton.—S. T. Dromgold, Correspondent.

Sandusky County Medical Society held its annual election of officers January 3, with the following results: President, M. Stamm of Fremont; vice-president, O. C. Vermilya of Fremont; secretary, D. W. Philo, and treasurer, M. O. Phillips of Fremont. Following the election the session was spent in planning a program for the coming year.—(From a news clipping.)

FIFTH DISTRICT

Ashtabula County Medical Society held its first meeting of the year, January 8, at the Ashtabula General Hospital, with President J. J. Hogan in the chair. Minutes of the last meeting were read and approved. A communication was read from Dr. E. O. Smith, president of the State Association, regarding a more strongly centralized state organization. The treasurer reported that 35 out of an enrolled membership of 40 had paid their annual dues. A motion was carried to ask each member of the society to contribute \$1.00 to pay the annual dues of the nine men enlisted in the Medical Reserve Corps. The following officers were elected for 1918: President, S. H. Burroughs, Ashtabula; vice-president, E. Crockett, Ashtabula; secretary, Bernice A. Fleek, Ashtabula; treasurer, A. W. Hopkins, Ashtabula; state delegate, J. J. Hogan, Ashtabula; alternate, S. M. Lynn, Ashtabula.—Bernice A. Fleek, Correspondent.

Erie County Medical Society, meeting in annual session at the Sunnyside Club, Sandusky, December 27, selected these officers for 1918: President, C. B. Bliss; vice president, C. H. Merz; secretary-treasurer, P. F. Southwick; state delegate, J. T. Haynes; alternate, Charles Graefe. A resolution was passed pledging the organization to pay the dues of the three members now in active military service. (From a news clipping.)

Lake County Medical Society held its regular monthly meeting in Painesville, January 7. Dr. A. B. Schneider of Cleveland addressed the society on "Pneumonia," and a general discussion of the subject followed. (From a news clipping.)

Lorain County Medical Society met January 15, at the Andwur Hotel, Elyria, for a roast duck dinner. Owing to transportation difficulties only thirteen members were present to enjoy the feast and the address of Dr. F. C. Herrick of Cleveland on "Modern Methods of Renal Diagnosis," illustrated by stereoptican slides. Dr. Herrick has a very comprehensive knowledge of the subject and gave an instructive talk, well worth the time of any society wishing a paper on this topic. We aim to have dinners worth while and programs that get out the members. The next session will be in Lorain, February 12.—C. O. Jaster, Correspondent.

SIXTH DISTRICT

Portage County Medical Society met in annual session at the Elks Club, Ravenna, January 11, as the guests of Dr. W. W. White. One-third of the membership was present. The report of the secretary showed an average attendance during 1917 of 37% of the members, and no meetings missed. The treasurer gave a good report, showing a large per cent. of the members paid for 1918 and our quota for the Matson Memorial Fund nearly raised. Altogether the society is in a very flourishing condition. A resolution conveying the thanks of the society to Dr. White, who is ill, for his entertainment, was passed. The following officers for 1918 were elected: President, W. J. Thomas, Ravenna; vice-president, S. L. Sloane, Ravenna; treasurer, E. J. Widdecombe, Kent; secretary, W. B. Andrews, Kent. News that the Portage County Hospital will be opened for business on February 1 was received with pleasure.—W. B. Andrews, Correspondent.

Richland County Medical Society held its annual election of officers, December 20, with the following results: President, Harro Woltmann, Mansfield; vice-president, B. F. Harding, Mansfield; secretary-treasurer, Frank C. McCullough, Mansfield; state delegate, Charles G. Brown, Mansfield. Drs. A. H. McCullough, W. E. Loughridge and John Maglott were named on the hospital committee for the ensuing year. (From a news clipping.)

Summit County Medical Society opened the new year, January 8, by varying the style of program with a luncheon in the Elks Temple, Akron, at 12:30. The attendance numbered 93 from New York, Barberton, Doylestown, Cuyahoga Falls, Ashland, Kenmore, Bath and Akron. The speaker was J. J. Walsh, M. D., Ph. D., Litt. D., Sc. D., L. L. D., New York,

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dean of the faculty of medicine of Fordham University, who delivered an address on "The Influence of the Mind on the Body." Of Irish descent, Dr. Walsh is full of natural wit as well as knowledge. For two hours he held the audience, including 12 ladies, and which dispersed only when business and office hours could no longer be postponed. The address was delightful and the entire luncheon a success. The program planned for the evening was postponed to March because many members wished to hear the lecture by Dr. Walsh at St. Mary's Hall and others that of Lieutenant Perigord of the French Army.

Program for February will consist of a nervous clinic by Theophil Klingman Ph. C., M. D., of Ann Arbor, demonstrator of neurology, University of Michigan.—A. S. McCormick, Correspondent.

Wayne County Medical Society held its regular quarterly meeting on January 8, in the parlors of the Archer Hotel, Wooster. The following officers for the year 1918-1919 were elected: President, H. M. Yoder; vice-president, J. H. Irvin; secretary-treasurer, D. K. Jones. The matter of the Matson Memorial Fund was discussed at this meeting, this being the first meeting of the society since the plan was undertaken, and a committee of two was appointed to canvass the physicians of Wayne County in an effort to

raise the \$20.00 quota. A resolution was passed that the dues of members in military service be paid from the treasury. Dr. D. K. Jones gave a report of a "Cardiac-Goiter Case," and Dr. J. H. Irvin spoke on "Social Insurance."—Jean S. Douglas, Correspondent.

SEVENTH DISTRICT

Belmont County Medical Society met December 19, in Bellaire. One of the most important matters considered was the fee bill fixing the schedule of prices to be charged for medical and surgical attention. Each of the seven members of the committee appointed to draft a new fee bill has prepared a scale of prices which he feels would be just and equitable for the various kinds of professional work, and other members of the society have been asked to prepare a tentative bill in order that they may be compared and a fair average secured for each kind of service. These officers have been elected by the society for 1918: President, D. T. Phillips, Barnesville; vice-president, E. D. Piper, Bethesda; secretary-treasurer, James S. McClellan, Bellaire; state delegate, Ellis C. Cope, Barton; alternate, Clyde Kirkland, Bellaire. (From a news clipping.)

EIGHTH DISTRICT

Fairfield County Medical Society, meeting in annual session, January 8, elected these officers

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Surgeons will find it useful to seal wounds after operations instead of colloidion dressings.

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It accommodates itself readily to surface irregularities, without breaking.

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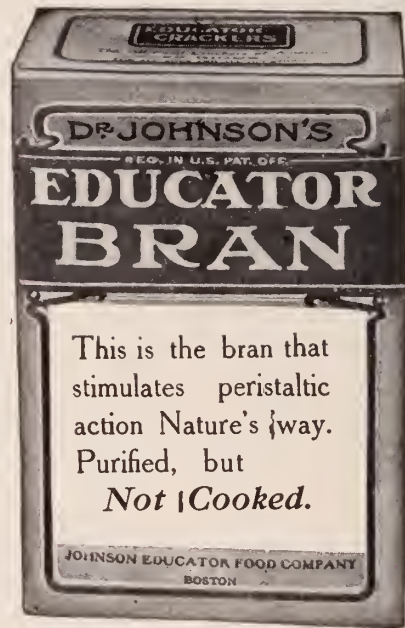
for 1918: President, W. R. Coleman of Sugar Grove; vice-president, C. M. Alfred of Lancaster; secretary-treasurer, J. T. Farley of Lancaster; state delegate, H. M. Hazelton of Lancaster. (From a news clipping.)

Licking County Medical Society held its annual dinner, December 20, in the Masonic banquet hall, Newark. About 40 persons were present, including the members and their wives, and a delightful evening was spent. After the sumptuous dinner, the retiring president, Dr. Homer Davis, delivered the annual president's address, which was decidedly interesting and full of thought. Professor Charles Newcomb, head of the department of oratory at Ohio Wesleyan University, gave some excellent readings, and Dr. Willard C. Rank, the incoming president, made a few remarks. Following his address the new officers were inducted into office in a formal manner. (From a news clipping.)

Muskingum County Medical Society complimented Dr. C. H. Higgins, lieutenant in the Medical Officers' Reserve Corps, with a dinner at the Coffee Kitchen, Zanesville, January 9. While the members were seated at the banquet board, Lieutenant Higgins explained in detail the work which is being done at Camp Taylor to keep the army free from disease. The president, Dr. L. F. Long, presided as toastmaster and there were short addresses by other members. Prior to the banquet a monthly business session was held. Officers for 1918 are: President, L. F. Long, Zanesville; vice-president, W. F. Sealover, Zanesville; secretary-treasurer, O. I. Dusthimer, Zanesville; state delegate, W. A. Melick, Zanesville. The president appointed the members of the public policy, program, public hygiene, medical legislation and public health education committees for the year.—O. I. Dusthimer, Correspondent.

Perry County Medical Society elected Dr. J. H. Wright of New Lexington, president at the annual meeting of the society held December 28. Dr. Wright has been vice-president during the preceding year. Other officers elected were: Dr. F. A. Axline, Saltillo, vice-president; Dr. Robert Miller, Hemlock, secretary-treasurer; Dr. N. T. McTeague, New Lexington, legislative committeeman; Dr. Wright, state delegate. (From a news clipping.)

Washington County Medical Society met in regular session December 12. The following were elected officers for the ensuing year: President, F. S. McGee; vice-president, J. W. Donaldson; secretary, C. A. S. Williams; treasurer, B. L. VanWinkle. The annual dues were raised from \$3.50 to \$5.00. The names of enlisted members were read and their membership dues will be paid from the society treasury.—F. E. McKim, Correspondent.



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NINTH DISTRICT

Lawrence County Medical Society met in regular session at Ironton, January 3. Six members were admitted, making a total of 26 against 20 for 1917. Dr. W. W. Lynd and Dr. E. E. Ellsworth were re-elected president and secretary-treasurer, respectively. "Pneumonia" is the subject to be discussed at the February meeting.—E. E. Ellsworth, Correspondent.

Small Advertisements of Interest

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For Sale—One Brittan sixteen plate Static Machine. Bargain if sold at once. Address Henry Wentz, Admr., Shelby, Ohio.

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WALKER'S LICENSE TAKEN.

The license of Dr. G. W. W. Walker, of Roseville, Ohio, has again been revoked. Dr. Walker was formerly associated with the notorious "United Doctors" and his license was revoked several months ago. He was reinstated, however, on his promise to cease itinerant practice. Later evidence indicated that he had resumed his former work. He probably will have considerable difficulty in securing reinstatement in Ohio.

Dr. Alfonsa Aratus, Cincinnati, whose license to practice in Ohio was revoked April 6, 1909, has been reinstated. Since revocation of his license he has been practicing in Kentucky.

Dr. Henry O. Davis of Steubenville, whose license to practice was revoked in 1914, is a persistent applicant for reinstatement. A petition signed by several prominent citizens of Steubenville and by 11 Jefferson County physicians was recently presented to the board. Definite action in his case has been postponed.

A PROFESSIONAL OBLIGATION.

The board has taken the definite position that it is a professional obligation on the part of every physician to meet the state law requiring the rendering of birth and death reports to the Bureau of Vital Statistics. Dr. John E. Monger, state registrar, recently presented to the board the case of a southeastern Ohio doctor who had persistently refused to file with his department the required certificates of death. The board cited the physician to appear and show why his certificate to practice medicine in Ohio should not be revoked. Subsequent to this action the negligent doctor promptly capitulated and has promised to exercise scrupulous care in this work in the future.

Asked for a ruling as to whether the sale of Nathan Tucker Asthma Specific to physicians at a lower price than that for which it is sold direct to patients constitutes fee splitting, the board advised that it was not its policy to issue a constructive ruling in such a matter; that each case would have to be treated individually to determine whether or not the section prohibiting fee splitting had been violated.

OPTICIAN FINED.

M. D. Lies, Steubenville optician, was recently prosecuted by the board for practicing medicine without a license. The investigators representing the department found that he was doing a

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general practice. He was indicted by the grand jury and pleaded guilty to the charge. He was fined \$10.00 and costs and ordered to cease forthwith.

THE MIZER SANATORIUM.

In the December number of *The Journal*, page 802, we called attention to circulars issued on November 1 by the Mizer Sanatorium at Coshoc-ton, Ohio, over the signature of French V. Mizer, manager. These circulars offered, in so many words, to pay physicians for patients referred to the institution. About that time the matter was brought to the attention of the board and Secretary Platter communicated at once with Dr. H. R. McCurdy, the medical director of the institution. Dr. McCurdy replied immediately, stating that he had no knowledge of the circular, and that on learning of its distribution he had resigned his connection with the institution. Mr. Mizer appeared at the office of the board some days later and advised Dr. Platter that no similar circulars would be issued in the future. He offered to submit all future advertising in advance to the members of the board and expressed his intention of complying in the future with the spirit and the letter of the law.

THE FEE-SPLITTING LAW.

Since passage by the legislature of the amendment to the Medical Practice Act which makes fee splitting illegal in Ohio, the board has received a number of complaints in which physicians have been accused of this illegal procedure. There have no prosecutions thus far, however, by reason of the fact that the charges filed have been indefinite in their nature and have not been available for use as evidence in court. The board at its December meeting carefully considered the whole subject of fee-splitting and issued the following statement to the medical profession of Ohio:

"Owing to the numerous complaints to the Ohio State Medical Board relative to fee-splitting, definite action in the execution of the law is demanded.

"Before beginning proceedings, the Board decided to call the attention of each doctor in the state to Article V, Section 1275, which reads as follows:

'Any division of fees or charges, or any agreement or arrangement to share fees made by any physician or surgeon, or with any other physician or surgeon or with any other person, upon notice and hearing, the Board by a vote of not less than five members, may revoke or suspend a certificate for like cause or causes.'

"Because in principle the law is right both for the advance of the profession and for the welfare of the general public, we ask your earnest co-operation with the Board in a strict enforcement of the law."

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EXAMINATION IN DIAGNOSIS.

1. Make differential diagnosis mitral insufficiency and aortic stenosis. 2. Make early diagnosis pulmonary tuberculosis. 3. Describe technique of X-ray examination of stomach. 4. How can you prove positively that there is a stone in the pelvis of a kidney? 5. Describe symptomatology of acute nephritis. 6. Describe the different forms of tonsillitis. 7. Give clinical picture of cholangitis. 8. Give symptomatology empyema thorax. 9. Describe aneurysm of external iliac. 10. Differentiate ulcer of rectum due to syphilis and ulcer due to carcinoma.

EXAMINATION IN PHYSIOLOGY

1. Describe the normal heart sounds. 2. What changes are produced in the air and in the blood by respiration? 3. Give the number and arrangement of the permanent teeth; state the particular use of each kind. 4. Describe the function of the ileo cecal valve. 5. Describe (a) chyme; (b) chyle. 6. What are carbo-hydrate and proteid foods? Give three examples of each. 7. Describe the physical properties of normal urine. 8. Define reflex action, and give examples. 9. What is the condition of the eye in myopia? How may it be corrected? 10. How is the sensation of sound conveyed to the brain?

EXAMINATION IN

PATHOLOGY, BACTERIOLOGY, HYGIENE AND PUBLIC HEALTH.

1. Give technique of blood culture test for typhoid fever. 2. Give technique of laboratory diagnosis of diphtheria. 3. What health measures should be instituted in the presence of a typhoid fever epidemic? 4. What would you do as a health officer in an epidemic of diphtheria among school children? 5. Describe the quantitative tests for sugar in glycosuria. 6. What pathologic changes may follow stone in the renal pelvis? 7. Where may the pathologic condition be located in loss of voice? Illustrate. 8. Give pathology of pyosalpinx and respective dangers of rupture early and late in this condition. 9. What is the pathology of aneurism of the arch of the aorta? Describe the ultimate possibilities. 10. Describe the difference, microscopically, between a chronic gastric ulcer and gastric cancer.

EXAMINATION IN ANATOMY.

1. Locate Broca's area (motor speech area). 2. Describe main structures entering into the formation of the shoulder joint. 3. Bound the stomach and state its main blood and nerve supply. 4. Name five important structures found in

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Bryant's triangle. 5. Describe course of the anterior tibial artery.

EXAMINATION IN OBSTETRICS.

1. Outline a reasonable prophylactic treatment for uterine thrombosis. 2. Name the single definite permanent indication for Caesarean section. 3. Name four conditions in which complete laceration of the perineum is to be feared. 4. Give general indications for use of pituitrin in labor. What are its internal and foetal dangers? 5. Give method of resuscitation in asphyxia pallida; asphyxia livida.

EXAMINATION IN DERMATOLOGY, SYPHILOLOGY AND DISEASES OF EYE, EAR, NOSE AND THROAT.

1. What is pellagra? Give diagnosis, prognosis and treatment. Describe some cutaneous manifestations of syphilis. 3. What is meant by the term "color blindness"? By what means may it be detected? 4. By what means may a foreign body be removed from the external auditory canal? 5. Give diagnosis of retropharyngeal abscess.

EXAMINATION IN CHEMISTRY.

1. Describe and illustrate a nonobasic acid and salt. 2. Illustrate difference between analytic and synthetic methods in chemistry. 3. Describe two tests for organic matter in water. 4. What is methane (marsh gas)? Give its formula and chemical importance, with a method of preparation. 5. Name the chemical antidotes for poisoning with (a) mineral acids, and (b) caustic alkalis.

EXAMINATION IN SURGERY.

1. Outline surgical treatment renal calculi. 2. Describe cause, treatment osteomyelitis. 3. When is fracture treated best by the so-called open method? 4. Give diagnosis and treatment rectal fissure, fistula, hemorrhoids. 5. Give surgical treatment pyosalpinx.

EXAMINATION IN PRACTICE.

1. Give the early positive evidences of typhoid fever, and the time in the disease when they may be found present? 2. Give outline, with examples, of the dietetic treatment of typhoid fever. 3. Name some extra-cardiac causes of cardiac decompensation, and how would you recognize them? 4. Give diagnosis and treatment of broncho pneumonia in a child of six years. 5. Given a case of a patient found unconscious, differentiate between uremic and diabetic coma, and give treatment of a case of the former. 6. Give symptoms and treatment of arterio-sclerosis. 7. Give causes, symptoms and treatment of ascites. 8. Differentiate epilepsy from uremic convulsions. 9. Give symptoms and diagnosis of smallpox. 10. What symptoms are produced by tumors of the brain?

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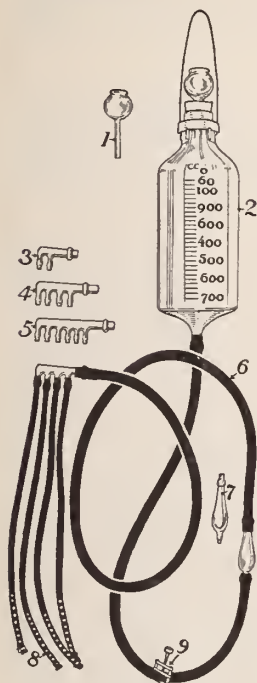
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Surgical Clinics of Chicago, October, 1917, Volume 1, Number 5, with 84 illustrations. Published bi-monthly by W. B. Saunders Company. Price per year, \$10.00.

Dietary Computer, by Amy Elizabeth Pope, formerly instructor in the School of Nursing, St. Luke's Hospital, San Francisco, Calif. G. P. Putnam's Sons. Price, \$1.25.

The Principles of Mental Hygiene, by William A. White, M.D., with an introduction by Smith Ely Jelliffe, M.D., Ph.D. The MacMillan Company, New York. Price, \$2.00.

Technic of the Irrigation Treatment of Wounds, by the *Carrel Method*, by J. Dumas and Anne Carrel, authorized translation by Adrian V. S. Lambert, M.D., acting professor of Surgery in the College of Physicians and Surgeons, New York. Paul B. Hoeber, Publisher. Price, \$1.25.

Diseases of the Heart, by Edward E. ornwall, Ph.B., M.D., attending Physicians, Williamsburgh

and Norwegian Hospitals; formerly Professor of Medicine, Brooklyn Post-Graduate Medical School. The Rebman Company, New York. Price, \$1.50.

Surgical Nursing in War, by Elizabeth R. Bundy, M.D., member of the Medical Staff, Woman's Hospital, Philadelphia. 37 illustrations. P. Blakiston's Son & Co., Philadelphia. Price, 75 cents.

Medical War Manual, No. 2. Notes for Army Medical Officers, by Lt.-Col. T. H. Goodwin, R. A. M. C., with introductory note by Surgeon-General William C. Gorgas, U. S. A. Lea & Febiger, Philadelphia and New York. Price, \$1.00.

Handbook on Antiseptics, Henry Drysdale Dakin, D. Sc., F. I. C., F. R. S., and Edward Kellogg Dunham, M.D., Emeritus Professor of Pathology, University and Bellevue Hospital Medical College, Major, M. O. R. C., U. S. Army. The MacMillan Company. Price, \$1.25.

Volume VIII of Practical Medicine Series, 1917. Pharmacology and Therapeutics, edited by Bernard Fantus, M.S., M.D.; Preventive Medicine, edited by William A. Evans, M.S., M.D., LL.D., P.H.D. The Year Book Publishers, Chicago. Price, \$1.50.



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Bechamp and Moro discovered that human milk contains diastase and that cow's milk does not contain it. In infant feeding many physicians have achieved brilliant results by the addition of diastatic Malt Extract to pure cow's milk, thereby supplying the vitalizing and energizing element (diastase) of which an artificially fed infant is otherwise deprived. Sixty-six per cent of the solids of human milk are carbohydrates, which the diastase of human milk seems to dispose of to the advantage of the growing child. Cow's milk solids consist of 36 per cent of carbohydrates, to which often more carbohydrates are added to make the quantity equal to human milk. Few realize the importance of adding normal diastase to assist the process of metabolism in the new born.

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OHIO

Proposed Amendments to Constitution

The Constitution and By-Laws of the Ohio State Medical Association provide that all proposed amendments must be submitted to the House of Delegates during an annual meeting of the Association; that they must lie over for a period of one year, and that in advance of the next succeeding meeting they must be published so as to be brought to the attention of every member at least twice. We are here publishing, in accordance with this regulation the amendments which were introduced during the Springfield meeting and which will come before the House of Delegates for official action at the session to be held in Columbus, May 13, 14 and 15, 1918.

To amend Chapter VI of the By-Laws, add new section as follows:

"The Executive Secretary shall be the ex-officio secretary of all committees of the Association, and shall execute the business of the Association under the direction of the officers of the Association. He shall have charge of the business offices of the Association, and shall be authorized to employ such aid as may be approved by Council. He shall give bond, at the expense of the Association, for such amount as shall be required by Council."

To amend Chapter VII of the By-Laws by adding a new section to be known as Section 6:

"Council shall have the authority and power to employ the Executive Secretary and to fix his salary, and determine his tenure of office. Council shall provide such State Association headquarters as may be required to properly conduct the business of the Association."

* * *

To amend Article VII, Section 1, of the Constitution, by inserting the words "an Executive Secretary" after the words "Secretary-Treasurer."

* * *

To amend Article VII, Section 3, of the Constitution, by inserting after "The officers of the Association" the phrase "excepting Executive Secretary," and adding at end, "except to the office of Executive Secretary."

* * *

To amend Chapter IX of the By-Laws by omitting Section 2 and Section 3.

* * *

To amend Chapter XIII of the By-Laws by striking out all after the first comma, and inserting a period, the new section to read as follows:

"These By-Laws may be amended at any annual session by a majority vote of all the delegates present at that session."

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Rulings on Prescribing Grain Alcohol

Our Columbus office has had requests for information concerning the new federal rulings upon the purchase and prescription for grain alcohol. The best information we have on the subject is a statement prepared by Eugene R. Selzer of Cleveland, president of the Northern Ohio Druggists Association, which was drafted at the request of the Cleveland Academy of Medicine. It follows:

"Every physician who wishes to buy alcohol U. S. P. for his own use must get a permit from the U. S. Internal Revenue Office, file a bond and state in his application blank for what purpose he intends to use the alcohol. This applies whether it is for washing his hands or for preparing stains for laboratory use, or for any other purpose for which he desires to use grain alcohol without having it medicated or in some manner denatured.

"A physician cannot purchase more than one pint of alcohol that has been medicated without obtaining a permit.

"Permits will not be issued to retail liquor dealers, nor to any other dealer who sells beverage spirits. Pharmacists and other retail dealers can obtain such permits.

"The Government has given out ten formulas with which alcohol can be medicated and dispensed upon prescription. This does not apply to the usual pharmaceutical preparations such

as tinctures, etc. If it is desired to prescribe grain alcohol for external use it must be medicated according to some one of the ten formulas.

"The Northern Ohio Druggists' Association has adopted formula No. 2, which will be used in all cases where grain alcohol is prescribed without specifying the medicament to be used. It is as follows: Solution of formaldehyde U. S. P., one part; alcohol, two hundred and fifty parts.

"Physicians desiring information upon the other nine formulas can obtain the same by telephoning their druggists. When in doubt call the druggist."

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The company hopes in this way to aid in the study of disease and disability and research. All inquiries should be addressed to Statistical Bureau, Metropolitan Life Insurance Company, 1 Madison Avenue, New York City.

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A Need of the Hour

If there is needed any additional argument for the installation of medical inspection systems in the rural as well as the city schools of our state, it is to be found in a report published by the Division of Child Hygiene, Ohio Health Department. Last winter, under the direction of Dr. Frances M. Hollingshead, a partial study was made of the physical condition of grade pupils in Erie and Union counties. In Erie, a total of 992 were examined for defects of the eyes, nose, throat and glands. The following tables show the number of defects:

		Percentage of Defect.
Children examined	992	....
Defects of vision.....	131	13
Conjunctivitis	168	17
Muscle defect (eye).....	26	3
Nasal obstruction	559	56
Defects of hearing.....	155	16
Ruptured ear drum.....	303	30
Impacted cerumen	368	37
Enlarged tonsils	729	73
Enlarged glands	687	69
Defective teeth	731	74
Mouth breathers	166	17
Enlarged thyroid	23	2

In Union county the same kind of examination showed defects of:

Children examined	676	
Vision	220	32
Conjunctivitis	101	15
Muscle defect (eye).....	11	1½
Nasal obstruction	174	26
Hearing	41	6
Ruptured ear drum.....	68	10
Enlarged tonsils	416	61
Enlarged glands	413	61
Defective teeth	410	61
Mouth breathers	263	39
Enlarged thyroid	13	2

In commenting on these findings, Dr. Hollingshead says:

"In Erie county the children all came from one-room rural schools, while in Union county two of the schools were large centralized schools and two others were in small towns. The children came from all of the eight grades. Among these children there was a striking lack of ordinary personal hygiene. There were almost no skin diseases in either group but very many of the children were terribly neglected and dirty. Upon being questioned as to the ordinary rules of hygiene, such as bathing, fresh air and ventilation, care of the teeth and like matters, these children showed an appalling lack of general information. In some of the schools one heard them mechanically reciting lessons in hygiene, which had evidently not made the least impression upon their living conditions.

Important



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has been found to be valuable in the treatment of bronchitis, especially the bronchitis associated with pulmonary tuberculosis.

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We will upon request supply samples of Calcreose Tablets to prove that Calcreose is easily taken. In order to prove the therapeutic properties of Calcreose, we desire to send physicians sufficient quantity to test it thoroughly. If results are satisfactory you will be glad to pay for it; if not satisfactory there will be no charge.

If you have cases of bronchitis, especially the bronchitis associated with pulmonary tuberculosis, in which you wish to give Calcreose a thorough test, this is a good opportunity to do so.

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Dr.

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Every Doctor, in the Medical Reserve Corps

What an ideal situation it would be if every doctor in the United States, who is mentally, physically and morally fit, was in this Corps.

The time is coming, and in the immediate future, when the Medical Reserve Corps of the Army must be immensely augmented, and so as to enable the Surgeon General to have at his command for immediate assignment, as conditions demand, a sufficient number of trained medical officers, let us take the above thought seriously.

We all know, from past history, the conserving value of an efficient medical corps, and this means number, as well as training.

A statement made by one high in authority in the Surgeon General's Office, "that our fighting forces would be disseminated by sickness and casualties in six months, were it not for an efficient army Medical Corps," clearly emphasizes the importance of every doctor in the United States, meeting the requirements above referred to, accepting a commission in the Medical Reserve Corps of the United States Army.

The struggle in which we are now engaged, and for which we are preparing to take such a prominent part, depends for its success as much upon the medical profession as it does upon our combatant forces, and while we do not know that any such intention as herein suggested is in the mind of the Surgeon General, it would at least give him the necessary corps of medical officers, upon which to draw, and thus serve the best interests of our country, and the best interests of the medical officer serving.

Will Insist on Payment of Fines

In an opinion recently given the State Department of Health, Attorney General McGhee sustained the opinions of his two predecessors in holding that local magistrates have no authority to remit all or any part of a fine or other penalty assessed against violators of the state laws and other penal statutes. The practices of justices of the peace in frequently remitting fines assessed for violation of Section 1248, General Code, which makes it the duty of physicians and midwives to use a prophylactic in the eyes of new born babies, where the birth occurs in a maternity home, hospital, public or charitable institution, and to report all cases of inflammation of the eyes of the new born, caused the state department to ask for the ruling.

The State Health Department will in the future oppose the remitting of fines assessed against physicians and midwives in these cases.

—Thirty-two children are receiving treatment for infantile paralysis at Mount Sinai Hospital, Cleveland. Mount Sinai was the first hospital in Cleveland to open a department for infantile paralysis although treatment is given at the Babies' Dispensary.



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Type diagnosis is desirable, but is rarely practicable. It is, therefore, good routine practice not to wait for determination of type, but administer Polyvalent Antipneumococcic Serum at once and save valuable time that may be lost in determining type of infection.

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Editorials

State Meeting Postponed

It is probable that the annual meeting of the State Association will be postponed. The original dates selected were May 13 to 15. When Council meets in Columbus on March 17, it probably will be decided to postpone the session to late September or early October.

Several things—all connected with the war—indicate the wisdom of such postponement.

Never in history were the physicians of Ohio so busy. A thousand are in active military service. More than half that number are giving all their spare time—and much they can't spare—to military work in connection with the selective service draft. Those not included in these classes are unusually busy with increased professional work. The draft work will be at its height in May and they cannot leave.

It is further a significant fact that the 1500 of our members who are active in military service are, to an astonishing degree, the same 1500 who make up the program and participate in the section work at our annual sessions.

Then, too, it is the patriotic thing to abandon our original plan for a meeting in May. The railroads are overburdened. The congestion will not be helped any by convention crowds.

September or October may bring us a change. We may be through with draft board work by then. The war situation "over there" may be changed; and if it isn't, you'll all be wanting to get away from home by that time, anyway.

The Fee Question

Two years ago the physicians of Massillon, after marking time for about fifty years, decided that a change in their fee schedule was necessary. They found that they were rendering medical treatment to the community under a fee schedule that had been adopted by their forefathers—which might have been adequate in the days before automobiles, telephones and modern therapy. At that time the usual fee in Massillon for an office visit was fifty cents; for day or night house calls, one dollar. The obstetrical fee in normal confinement cases ranged from five to ten dollars.

The doctors got together a year ago and explained to the public why it was necessary to increase these charges. A minimum office fee of seventy-five cents was established. Day visits were increased to \$1.50 and night visits to \$2.00. Ten dollars was established as an obstetrical minimum.

Since then the cost of rendering medical practice has steadily increased and last month Massillon physicians announced a new fee schedule. The office visit minimum has been set at one dol-

lar, with two dollars for a day visit and three dollars for a night call. An obstetrical minimum of \$20.00 has been established.

There has been no criticism of these changes in Massillon. The people recognize the increased cost of medical attention. The Massillon doctors followed the common-sense plan of issuing a newspaper statement explaining why the higher schedule was necessary.

Workmen's Compensation Figures

In these war times there is a tendency on the part of physicians to overlook tremendous civil changes that are in progress—changes that are being hastened by reason of the war and which will effect medical practice for years to come.

Mr. Herbert Eliot, member of the Industrial Commission of Ohio, which has charge of the workmen's compensation fund, has had the state accountants roughly analyze the volume of the workmen's compensation business for the last fiscal year with a view of giving the physicians of the state an idea of the gross amount of money collected by the state and paid to them in workmen's compensation cases. For the year ending June 30, 1917, the records show that the commission paid to the physicians of Ohio approximately \$1,260,000, and that in the same period the commission paid to the hospitals of the state \$240,000. These figures include only the medical and hospital bills which were paid directly from the state fund, and are exclusive of the very large amounts that were paid to physicians directly by employers who carry their own insurance but whose medical bills are subject to inspection and revision by the commission.

In previous reports made by the commission it has been impossible to ascertain the exact amount paid for medical service. With the above figures before you, however, you will understand why, here at the headquarters of the State Association, we have been so deeply concerned during recent years in matters pertaining to the medical phase of workmen's compensation.

Our interest in the matter as a State Association has been by no means selfish. The popular approval which the workmen's compensation plan has met from the start, demonstrated years ago that it is to be a permanent feature of our state government. The medical profession of the state was in no way responsible for its enactment. A combination of great social forces brought it into existence, but after it became a certainty the State Association adopted a policy of complete co-operation in order that it might be successful.

You may remember that in the earlier days of its operation the policy of its administrators seemed to be to secure the cheapest possible medical services. This obtained until the statistics were available and proved without question that cheap medical service in reality is ruinously expensive. Private insurance companies arrived at this conclusion years ago. Now the administra-

tors of the state fund have accepted it as a fact, and for two years they have been gradually increasing medical fees in order to attract to their service the best physicians in Ohio.

In handling hundreds of cases daily, with an administrative staff that is constantly changing, friction develops. Realizing that much of this might be avoided, the State Association two years ago established in its Columbus office a special bureau with facilities to act as an intermediary between the medical department of the commission and the doctor who might feel he had been abused in any specific case. Recently we have renewed that service and each week we investigate and report on many cases referred to us by member physicians. As many of you know, favorable adjustments are the rule rather than the exception. This has been made possible by co-operation through the entire organization of the industrial commission. Members of the commission understand that we seek only exact justice and that through our work many doctors who might otherwise refuse to handle commission cases are given a clearer conception of the scheme and are brought into co-operation. They know, too, that our bureau is quick to oppose the attempts made by a few unprincipled doctors to raid the state fund. The members of the medical department likewise have been ready at all times to extend us every possible aid in straightening out tangles. They know better than the layman how necessary to the permanent success of the fund is continued co-operation between the state and the medical profession. During Dr. White's incumbency as chief medical examiner he was ready at all times to investigate any case that was brought to his attention. The late Dr. Emerson likewise was active in this work. Dr. Fletcher, who was in charge of the department at the time this was written, is continuing the policy of his predecessors.

We bring this matter to your attention at this time because, while so many of you are unusually busy, there is a tendency to ignore industrial accident cases coming under the commission. Several doctors have told us that their experience in the past has been unpleasant and that they would rather not work for the state commission. This is a mistake. You must remember that at this time another Ohio commission is at work investigating the possibility of state sickness insurance, which is a vast extension of the principle of industrial accident compensation. As a medical profession we must establish the right fundamentals now in our dealings with the latter if we are to expect equitable treatment when sickness insurance becomes effective in Ohio.

Here at Columbus we are not looking for more work. We have enough. But if in any given case you are dissatisfied with the action of the medical department of the industrial commission, refer the matter to the executive secretary's office and it will be investigated.

Army Post-Graduate Schools

Few physicians who have not been in direct contact with Army work realize how thoroughly the government is developing its specialized graduate study schools, which have been organized to offer intensive training for medical officers. Captain E. R. Brush of Zanesville, who is military director of the third session of the Officers' School of Plastic and Oral Surgery established by the Surgeon General in Philadelphia, has sent us a synopsis of the course of study extending from February 11 to March 9, which is being followed by thirty-two medical and dental officers detailed for that purpose. It follows:

Anatomy

Dissection and Demonstrations (Surgeons)	45 hours	
Hewson, Chesner, Friedenberg, Usset.		
Dissection and Demonstrations (Dentists)	6 hours	Thomas
Surgical Anatomy Lectures	4 hours	Cryer
Infectious Processes About Mouth, Face and Neck		
Mouth Infection (Bacteriology)	3 hours	Gildersleeve
Infections of the Neck and Face	1 hour	Da Costa
Surgical Infections of the Face	1 hour	Laplace
Treatment of Maxillary Sinus	1 hour	Prinz
Diseases of the Mouth	3 hours	Hopewell-Smith
	1 hour	Prinz

Wounds and Injuries

Aller, Davidson, Speakman, Scarlett, Guilford.		
Fractures		
Diagnosis and Treatment of Old and New Fractures.....	3 hours	Dorrance

Splints

Making and Application of Special Forms		
Lectures and Treatment of (Dentists only)	2 hours	
Laboratory Work (Dentists only)	6 hours	Gritman
Gritman, Seymour, Fox, Aigner	24 hours	
Wiring Fractures	1 hour	Essig
Orthodontic Splints and Bands for Fractures	1 hour	Mershon

Operative Surgery

Principles of Plastic Surgery (Lectures)	3 hours	Roberts
Plastic Methods on Cadaver Laplace, Northrop, Thomas, Aller, Warmuth, Hewson, Roberts, Schreiber.	32 hours	
Bone and Cartilage Grafting on dogs (Dentists)	12 hours	Dorrance
Blood Transfusions (Lectures)	1 hour	Narr

Anesthesia

General Anesthesia (ether)	1 hour	Dorrance
Intratracheal Anesthesia	1 hour	Prinz
Local Anesthesia	3 hours	Prinz

Post-Operative Care

Dakin-Carrel Method, Demonstration and Clinic	3 hours	Lee
Dental Hemorrhage	1 hour	Prinz

Röntgenology

Symposium on Dental X-Ray	2 hours	
Gildersleeve and Wade.		
Location of Foreign Bodies with X-Ray	2 hours	Manges

Clinical Demonstrations

Surgical Clinics	2 hours	Cryer
Plastic Operations on the Face	2 hours	Laplace
Hospital Clinics (to be announced)		

Extraction of the Teeth

Difficult Extractions	1 hour	Cryer
Clinical Demonstrations (Dentists only)	3 hours	Aller

Special Lectures

Removal of Aspirated Bodies of a Dental Nature	Jackson	
Demonstration of the Effect of Various Bullets Upon the Cadaver	Hewson	
Facial Prosthesis	Moufang	

The Philadelphia course includes lectures by thirty-five of the best men in the city. This course is typical of others that are being given in the various medical teaching centers. The policy of the Surgeon General in establishing these courses will be of permanent benefit not only to the Army but subsequently to the civilian population when these army-trained physicians return at the end of the war.

Behind the Parade

In two Ohio municipalities the wheels of progress are moving backward. Calais, Monroe County, and Centerville, Gallia County, are apparently so indifferent about their municipal affairs and so out of sympathy with the spirit of the times that no public elections have been held for years, and to all intents and purposes the municipal charter of each has been discarded.

Because of their neglect the residents of Calais were recently punished. There was an outbreak of scarlet fever in the town and there was no board of health nor health officer to fight the scourge. The state health department stepped in and took charge of the situation, but if the town had supported a health department the epidemic might have been averted.

In view of this situation the state department of health asked Attorney General McGhee if there was any way by which communities which fail to make use of their charters can be punished by having their corporate existence declared void, and was advised that in the event towns fail to elect officers, the health board of the township in which they are located has power to take charge of matters pertaining to the health of the towns and that expenses could be taken from township funds.

Meanwhile state officials have endeavored to arouse in the citizens of back-sliding Calais a sense of community pride. They have been notified to get busy, select a set of officers and put their town on the map, or be classed as "back numbers."

Valuable Data

The Ohio Health and Old Age Commission expects to find a mine of information in the reports to be made on the physical condition of more than half a million Ohio men between the ages of 21 and 31 who are now being examined by local draft boards. While conscription regulations say that the physical condition of registered men shall be regarded as confidential, the commission believes that an exception will be made in favor of a public body that has a community object in view, having no interest in persons, only in conditions. Consent of the War Department may be required before these figures can be used, but it is thought that this can readily be obtained. We hope so.

What the Doctor Ordered

Here's where we must acknowledge a little compliment that was handed the profession recently through the editorial column of a northern Ohio newspaper. Sometimes we are inclined to think we have a thankless job, but read this and cheer up:

"To most of us these requests and orders of Mr. Hoover have a fairly familiar sound. 'Don't eat so much meat. Once a day is enough. Cut out the pork for a while. Try whole wheat bread and rye bread. Lay off on the sweets a little. Eat more fruits and vegetables. Your stomach is a little out of order and needs rest and a change.'

"Why, it's just about what the doctor told you when you consulted him about that dizzy feeling and insomnia and headaches and lack of pep. If you followed his orders, which included fresh air and exercise, your recovery was satisfactory and reasonably prompt.

"It will do us all good to live up rigidly to the more scientific, more sensible, more appetizing diet proposed by the national food conservation director, in addition to enabling us to send to our allies the food supplies needed by the men who are doing the fighting and rough work of the war."

Babies to be Saved During Children's Year

The Children's Bureau of the U. S. Department of Labor advises us that Ohio is expected to save 4,510 children's lives as our "quota" in the campaign to save 100,000 babies and young children during Children's Year beginning April 6. Announcement of the purpose to wage such a campaign was made some time ago by the Children's Bureau and the Child-Welfare Department of the Woman's Committee of the Council of National Defense.

The campaign to save 100,000 lives of babies and young children in the United States during the second year of the war is to be inaugurated by a National Weighing and Measuring Test beginning April 6, the anniversary of the declaration of war by this country. In announcing the quotas for the various states the Children's Bureau said:

"In order that each state may feel responsible for a definite number of lives to be saved, quotas have been assigned to the various states, the apportionment being made on the basis of the population under five according to the 1910 census. This of course cannot take account of the varying death rates in the different states where death rates are known.

"In about half the states of the country, comprising nearly one-third the population, the registration of deaths was not sufficiently complete to warrant their inclusion in the registration area when the latest reports were published. The reg-

istration of births is seriously deficient in a still larger number of states. For that reason the apportionment of quotas of infant lives to be saved could not be made upon the basis of the infant mortality rate, which is based on the number of deaths under one year and the number of recorded births. Thus the only basis for the assignment of quotas uniformly applicable to all the states is the population as shown by the Federal census. As the effort for the hundred thousand lives applies to the specially hazardous period of life under five years of age, the quotas are calculated upon the basis of the population under five.

"In making the apportionment on this basis it was realized that a high mark is thus set for states in which the death rate among young children is already low. On the other hand, the mark set may be low for some states where the child death rate is excessively high. It does not appear to be possible to avoid some situations of this kind by any method of apportionment that could be devised with the data now at hand. If the registration of births and deaths were complete in all the states, an apportionment of quotas of the 100,000 lives to be saved by the various states could be made upon a different basis."

For Our Men in Service

We earnestly urge every county medical society in Ohio to pay the county and state medical association dues of any of its members who may be in military service. It is not sufficient to give them honorary membership during the period of military service, for that means that the county and state medical organizations do not receive the funds that are sorely needed for keeping up enterprises that are just as much for the benefit of members in military service as for those who are at home. Furthermore, there is no good and sufficient reason why those doctors who remain at home should not be willing to pay a little extra for the benefit of their confrères who have at great sacrifice, financially and otherwise, given their services to their country. Let the badge of shame and disgrace be tacked on to any doctor who refuses to help pay the county and state association dues of any of his confrères who are in military service. Let us have a full enrollment in the State Association, with dues fully paid for all members, and those who stay at home should consider it an honor and privilege to pay for those who are away in the service of the country.

While we were running around down here promoting war chests and things, the news came in that J. E. Tuckerman had given up his work as secretary of the Cleveland Academy of Medicine—and it almost passed without comment. He's threatened to do that thing on numerous occasions in late years, but we always thought that he was just talking to fool himself. But he's gone and done it. Darn it, Jacob, we're sorry.

Original Articles

Periosteal-Sarcoma of the Clavicle*

Verne A. Dodd, M. D., Columbus

AMONG sarcomata, the largest and most important group find their origin in the osseous system. These tumors, because of their early symptomatic similarity to mild inflammatory disease, are often mistaken for such.

Since there were but 45 deaths from all malignant tumors of bone in the state of Ohio during the year 1914, it is not surprising that the profession at large do not see a sufficient number of these cases to familiarize themselves with the significant signs and symptoms for an early diagnosis.

Osteosarcomata usually metastasize by the blood stream relatively early. No warning lymphatic enlargements occur. A patient is therefore doomed to an ultimate death from this disease unless it is recognized early and dealt with promptly.

Sarcoma has been found to originate in nearly all the skeletal bones, but certain sites are elected with greater frequency.

Murphy compiled from the collections of Pö-
losson and Bérard, Gask, and of Maybury, a total of 797 sarcomata of bone in which the location was definitely stated as follows:

Jaw	227	28%
Femur	160	22%
Tibia	100	12%
Humerus	90	11%
Radius	40	5%
Foot	29	3.6%
Fibula	25	3.1%
Head	23	2.9%
Scapula	23	2.9%
Thorax	20	2.5%
Hand	19	2.3%
Ilium	17	2%
Ulna	15	1.8%
Sacrum	6	.7%
Clavicle	3	.3%
Total.....	797	

More than half of the cases (54%) occur in the long bones. Here it is most commonly found originating in the metaphysis.

Sarcomas of bone are usually divided into two groups: Periosteal and Medullary. The percentage of these tumors which are periosteal in origin varies between 18 and 50 per cent. in the various collections.

Age and trauma are the only factors in etiology which seem to bear any definite relation to the disease. More than half of the cases occur in

the second and third decades of life, although no age is exempt.

A less definite relationship exists between trauma and sarcoma. Although much is written concerning this relationship there have been but few figures submitted upon which to base its authenticity.

Like trauma in other diseases, notably tuberculosis of joints, a history of trauma may almost always be obtained, but its relationship is often questionable.

Many cases of sarcoma are reported, however, in which the history of injury is so clean cut and definite that a distinct impression is gained, that a blow of moderate severity frequently determines the location and onset of the disease.

Pain or swelling first brings the sarcoma patient to the physician. The diagnosis at this time is neither easily or frequently made. Too often does the physician dismiss his patient with an incomplete examination because his curiosity is not aroused. He usually considers the case one of "rheumatism" or one of the milder inflammatory lesions.

Should he take time to investigate the history and the physical signs he will probably find a fusiform immovable, hard enlargement of the shaft, near the epiphysis of the bone. This mass is not very tender on pressure, although the patient complains of deep seated dull, boring pain. Pain is due to the tension of the periosteum which being largely fibrous and inelastic does not readily yield with the steady expansion of the tumor.

There are no signs of inflammation, either local or constitutional; no redness of the surface over the tumor, no fever or leukocytosis, except in the occasional instance. When fever is present it is due to hemorrhage or necrosis within the tumor and only occurs in the most malignant and rapid growing varieties.

The relative firmness of the tumor is dependent upon the amount of bone produced by the growth. Production of bone is variable in these tumors and is dependent upon the degree of cell differentiation.

In the slower growing varieties the periosteum may give rise to a thin layer of bone which may exhibit the characteristic "egg shell crackling" upon compression. The usual bone production is not, however, at the periphery, but begins from the shaft and its peculiar characteristic is that these trabeculae radiate at right angles from the shaft. When this arrangement obtains, the Roentgenogram demonstrates it clearly and is considered by Cotton as diagnostic.

*Read before the Surgical Section, Ohio State Medical Association, in annual session at Springfield, May 14, 1917.

The Roentgenogram may show an undisturbed shaft with the tumor shadow surrounding it or in some instances an eroded bone plus tumor shadow. These findings depend upon the association of osteoclasia and also upon the rapidity of growth.

The importance of the X-ray findings, even in their variety, cannot be over emphasized. With a clear understanding of the pathologic changes occurring in both tumor and inflammatory diseases of bone, their differentiation is facilitated immensely by this valuable adjunct.

Chronic low grade infection of bone may give rise to clinical signs and symptoms quite like sarcoma, but the X-Ray shows the markedly increased density of the cortex, and will demonstrate the contained cavity filled with pus if such be present.

Osteitis fibrosa cystica may be confused clin-



Fig. 1. The sarcoma viewed from the right side.

ically with sarcoma, but here the X-Ray outlines the cysts with their fibrous partitions, the thinned cortical wall and shows no surrounding tumor.

Even that protean disease, syphilis, gives characteristic findings sufficient when combined with a positive history or Wasserman reaction to be unmistakable.

Microscopically, periosteal sarcomata are classified according to the degree of differentiation to which the tumor cells have attained. The more slowly growing tumors and therefore the better differentiated cells, present bone and cartilage. In certain tumors of somewhat more rapid growth, the cells elaborate osseomucin without calcification; this type is called osteoid sarcoma.

If the tumor is of the more malignant variety, it will be found to be composed of spindle and

round cells. Both types are usually found in the same tumor, although the most malignant of all sarcomas are almost entirely composed of round cells.

Like all sarcomata, these periosteal tumors are possessed of a high degree of vascularity. The blood vessels are usually but illy formed, often being only endothelial lined sinuses in intimate relation to the tumor cells. This accounts for the prompt metastasis by the blood stream.

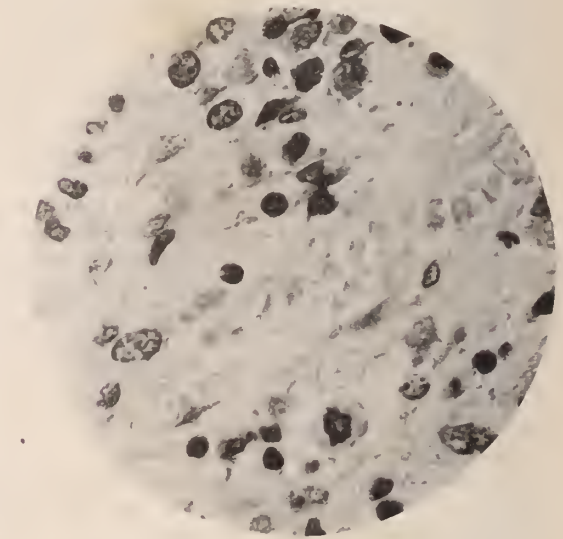


Fig. 2. The relationship of the blood vessels to the tumor cells. Note the mitotic figure in the lower part of the field.

Because of the great tendency of tumor cell emboli being freed, great care should be always exercised in all manipulations of examination and operation. Under no circumstances should a suspicious growth be incised for examination. If such examination be necessary to establish the diagnosis before sacrificing a limb, it should only be done after having obtained the patient's consent to amputation immediately upon proof furnished by a frozen section.

Coley's mixed toxins should always be used in periosteal sarcomas arising in bones impossible of removal, such as the head, spine, pelvis, etc. This should also be used in all cases coming too late for efficient surgical intervention and as an adjunct to surgical treatment in the hope of discouraging possible metastatic growths.

It is to be noted in the table quoted above, that of the 797 osteosarcomata the disease occurred in the clavicle but three times. The type in this series was not mentioned. The occurrence of primary periosteal sarcoma is even less frequent. Coley in 1910 was able to collect and report 62 cases of sarcoma of the clavicle. In these cases in which the type and location were mentioned there were but eight cases of periosteal sarcoma.

The following case forms the basis of this paper:

A female housewife, age 35, native of Denmark, presented herself for examination because of a tumor of the neck associated with enlargement of the abdomen. In March, 1916, the patient's attention was called by one of her children to a small nodular tumor, immediately to the left of the upper border of the sternum. She states that at this time the growth was about the size of a nickle, slightly rounded and very hard. The skin was movable over the lump, but the latter was fixed. It was not tender or painful. The growth of this tumor was very slow and scarcely noted until July, when it began to enlarge more rapidly. By October it had attained the size of a hen's egg. From this time on to February 7, 1917, when first seen by me, it had progressed with great rapidity and was now the size of a large grape fruit. During the past few weeks it has been somewhat tender when pressed upon or manipulated. Occasional sharp pains have recently been noted in the tumor, radiating into the neck. She has noted a steady enlargement of the abdomen and felt foetal movements in October.

She is the mother of six children. Has had one miscarriage, cause unknown. Since the birth of her second child she has had a diastasis of the recti and children born subsequently have been delivered by forceps.

Physical examination reveals a large, well developed woman. There is a smooth, oval tumor over upper left chest and extending into the neck at that side. It is firm and immovable. The skin is reddened over the apex of the tumor and enlarged veins are seen over its surface. Following the clavicle by digital examination, it seems that this bone expands into the tumor at its margin. The X-Ray shows the shadow of a tumor through which the outline of the clavicle may be traced.

Abdominal and vaginal examination reveal seven months pregnancy. Urine, blood and Wasserman negative.

Diagnosis—Periosteal sarcoma of inner third of left clavicle. Excision of tumor advised.

Operation February 7, 1917.

An oval incision surrounding the entire area was made. The upper pole of the mass was widely dissected from the root of the neck. The clavicle was divided in its outer third with a Gigli saw. The clavicle and tumor was then freed from its bed. This was accomplished with no damage to the great vessels or pleura and disarticulation of the sterno-clavicular joint was then performed.

The very large area denuded necessitated extensive plastic work and resulted in considerable tension on the flap particularly in the neck region.

Inspection of the wound the following day re-

vealed the flap margin, in the neck, necrotic. Forty-eight hours later the patient developed paralytic ileus which was relieved by gastric lavage and pilocarpine. She delivered her child on the fifth day. The flaps became seriously infected and the patient developing septicaemia. Death occurred February 2, 14 days after operation.

Pathological Report: (By Dr. Jonathan Forman)
S. P. 17087.

The specimen presents a tumor roughly spher-

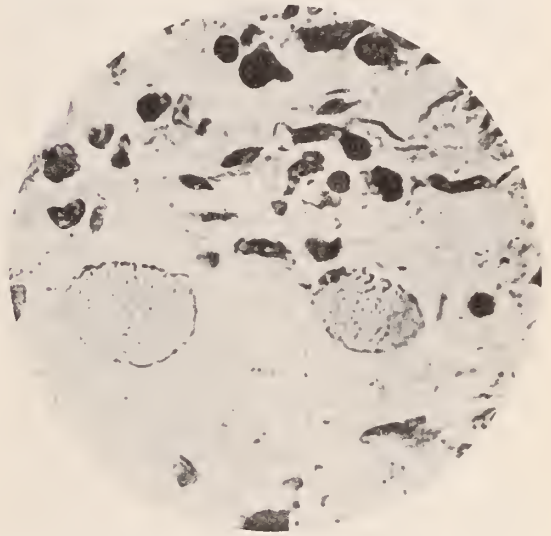


Fig. 3. The invasion by the tumor cells of the overlying muscle.

ical in shape and 6 cm. in diameter. The tumor is covered by and intimately attached to a flap of skin. It exhibits an apparent capsule indicating that growth has been taking place in all parts of the mass and the surrounding structures have been for the most part pushed aside in its development. At the lower and posterior portion of the mass, it blends with the periosteum or the anterior surface of clavicle.

Upon section, the mass cuts readily and presents a pearly white color except for two small brownish areas of apparent hemorrhage. It appears not unlike the cut surface of myxomatous tissue except that it is somewhat firmer in consistency. There is no bone or cartilage in the tumor.

Microscopical examination reveals a neoplasm composed of connective tissue cells varying in their degree of differentiation in the several areas studied. The most differentiated group of cells, which resemble those seen in the so-called osteoid sarcoma, present a mucoid intercellular substance. Other areas are composed of fairly well differentiated fibroblasts. Still other sections exhibit only large and small round cells of extremely atypical and undifferentiated variety. No giant cells are observed in any part of the tumor. Mitotic figures are numerous. The growth is very vascular. The blood vessels for

the most part are ill formed—often consisting only of endothelial lined sinuses to which the tumor cells bear an intimate relation (Fig. 2). Section taken from the periphery show that the tumor cells have invaded the overlying muscle (Fig. 3).

Diagnosis—A periosteal sarcoma of the clavicle.

A study of the eight cases taken from Coley's collection together with the one here reported, furnish these data. Seven of the tumors occurred in males and two in females. They ranged from eight to forty-six years, the average age being twenty-eight and one-half years. The left clavicle is slightly more often affected. In the ma-

jority of the cases, the tumor has been noted from three to six months before operation. In one case, however, only six weeks had elapsed, while in another the intervening period was two years. They occur most frequently in the outer and middle thirds of the bone.

Total excision or resection of the clavicle was made in six of the nine cases of the group; but one patient was known to be living and free from recurrence at the end of two years.

REFERENCES.

1. Coley: Sarcoma of the Clavicle, *Annals of Surg.*, Dec., 1910.
2. Cotton, F. J.: Periosteal Sarcoma, *Boston M. and S. Jour.*, Vol. 174, page 946.

Empyema*

J. Edw. Pirrung, M. D., F. A. C. S., Cincinnati, Ohio

THE symptoms of suppurative pleurisy do not differ greatly from those of simple or serous effusion. In many cases it is impossible (clinically at least) to make a certain diagnosis. The signs and symptoms of purulent effusion are often less acute in character than they are in serous effusions. The chills are more frequent, the fever continuing for many days and weeks. The pulse is slightly more rapid at the onset and continues at a high rate throughout the course of the disease. The tongue is deeply furred, showing a dry coating, the condition of the patient is septic and anxious. The hectic fever and sweats are constant. The occurrence of drenching sweats, especially during the relaxation of sleep, I have found a quite common symptom in the purulent pleurisy.

CLINICAL COURSE

Pleurisy may begin with pain and fever or the onset may be gradual. Cough of a dry character with stitch in the side. The pain increased by attacks of coughing, the cough producing no expectoration, difficult breathing, the respirations are short, jerky and incomplete. These symptoms and other evidence of pleural inflammation would at once direct your attention to the chest. These are the common signs with which you are all familiar, nevertheless in some cases we do not have all of these symptoms. Many of the cases are secondary to inflammations in the lung tissues, extension from subphrenic infections, or from mediastinal, or pericardial involvement. Foreign bodies and new growths are often responsible for the occurrence of effusions within the pleurae. Occasionally we see empyema as the result of an overwhelming septic infection involving all of the serous surfaces and cavities of the bodies. Traumatic infected pleurisy and infected hemothorax might also be discussed under

empyema. I shall, however, consider only those infections which are carried by the blood and lymph streams, or extensions from the adjacent organs or viscerae.

Purulent pleurisy is seen at all ages, is infrequent below one year, increases in frequency up to the age of five years, from five to twelve it holds a fairly accurate level. From that time on it declines and is an extreme rarity in the aged. The effusions occurring in the adult, middle and the more advanced years are generally serous. In the majority of cases, they are primarily tuberculous. Serous effusions many times are secondarily invaded by pus producing organism, the complication of mixed infection making it quite a serious problem to deal with. Exposure to cold and chilling is a common cause of pleurisy. Poor nutrition and certain general diseases, such as Bright's disease, diabetes and rheumatism, predispose to pleurisy. In children, the acute infections, together with broncho pneumonia, are frequently followed by purulent effusions.

The purulent pleurisy admit of no other explanation than that of invasion of the pleural sac by pus producing organisms. The organism producing pus may be the streptococci, pneumocci, the influenza, B., the staphylococci, the coli, B., the typhoid, and the B., anthrax is occasionally found. Tubercular purulent pleurisy is not a pure tubercular infection (Kocks B has no pyogenic properties). Other pyogenic bacteria are found in varying members. A pure pneumococcal pleurisy is rare in adults, but occurs quite frequently in children. Pure cultures are not the rule in adults or children, mixed infections following the acute infectious diseases are quite common. Purulent pleurisy due to the staphylococci is rare and usually follow tonsillitis or osteomyelitis. However, following trauma, gunshots and stab wounds, you may find the staphylococci to be the cause of purulent effusion.

The physical signs of pleuritic effusions are

*Read before the Surgical Section, Ohio State Medical Association, in annual session at Springfield, May 14, 1917.

common to both serous and purulent affections. They are diminished vocal fremitus, absent or alterations in the breath sounds, dullness or percussion, displacement of the heart and diaphragm. (The diaphragm and abdominal viscera are displaced upward, while displacements of the heart are variable.) There is hyper-resonance over the area of the uninvolved lung. A triangular area of dullness with the apex at the sterno-clavicular junction on the affected side. The so-called skodaic resonance is a symptom which occurs only in free effusions when the lung is unattached by adhesions to the parietal pleura. Other signs and symptoms may be intercostal bulging and signs of fluctations between the ribs; absence of the respiratory excursions on the affected side. In children there is an apparent flattening of the chest wall.

Signs indicating the nature of the fluid may be sought for in a careful study of the onset and course of the disease, the presence of other diseases or complications, the temperature, the pulse rate, together with the drenching sweats and the other septic phenomena may help you to separate the purulent from the serous effusions. A blood count will show a leucocytosis of marked degree. Examination of the aspirated fluids will reveal the true nature of the disease, either through staining method, cultivation on artificial media or by animal inoculations. In a tubercular case where mixed infections have occurred, it may be extremely difficult or impossible to isolate the Tubercular B. Just a word concerning failure to find fluid or pus. They may be encysted or interlobular and require several punctures to locate; then, too, the consistency of the fluid may be so great that it will not pass through the needle. If the empyema is of long standing, the exudates becoming organized in the fibrinous bands, bind down the lungs and the persistent irritation will cause great thickening of the pleura.

The first essential of a successful treatment is an early and accurate diagnosis. If operation is indicated, it should be one of choice and not of necessity. Surgery in the exploration of the "pathology of the ilving" has revealed to us the fact that early intervention is essential in all suppurations. Delay usually means increasing invalidism for the patient; it also means that he must be content with his disability without the hope of permanently restoring the functions of the invaded organ. I do not advocate indiscriminate operating in pleural infections. I am convinced, however, that errors are due many times to neglect upon the part of the physician or surgeon in attributing the condition to unresolved pneumonia, pleural thickening, etc., or whenever pleural effusions are properly recognized, they are temporized with for too long a time. Again, some physicians believe they must have present all of the signs of effusion without those of lung involvement for a diagnosis. Both frequently co-

exist, many times some of the positive signs are absent, yet the physical findings—the X-Ray and the aspirating needle (always under strict surgical precaution)—will reveal the true nature of the disease. I would not have you depend upon the graphic method alone for diagnosis; however, I believe we should utilize the X-Ray more frequently, not alone as an aid in diagnosing obscure cases. The X-Ray will also help us in determining the efficiency and completeness of our drainage after operation or aspirations. I have no doubt that the doctor who insists upon repeated aspirations or small incisions as a curative measure will very early go to the more direct method of rib resection or large incisions if he will check up his aspirating efforts with the use of the X-Ray. The post-operative plate will positively reveal the fact that there is still remaining a residue of fibrinous exudates and pus that cannot pass out through the needle. A study of the statistics table of the mortality and morbidity of empyema will prove that the advance in the surgical treatment of purulent effusions within the pleural sacs have not kept pace with the modern treatment of infections and pus collections in other parts of the body. It is axiomatic in surgical practice to establish free drainage of pus collections wherever they are found. From the earliest history of medicine, paracentesis of the pleura has been practiced, but exposed to varying fortunes like every other therapeutic measure it has occasionally been almost abandoned entirely or reserved for the almost hopeless case. Trousseau says "it was resorted to distrustfully and then only when eminent peril justified extreme daring." Suppurative pleurisy is essentially a serious disease and indeed it generally proves fatal if unrelieved either by surgical means or by natural drainage efforts in perforating through a bronchus, the pus being coughed up, or it may appear in the mediastinal or peritoneal cavities. Occasionally we have pus appearing externally, viz., empyema necessitatis. It does not particularly matter whether the disease is primarily a purulent or a single effusion that later becomes purulent—both carry serious consequences is unrelieved. Procrastination is as serious in empyema as it is in appendicitis. I am convinced that two factors are responsible for the neglect of these cases. First, our notions of the pathology have come from the post mortem table; second, operations have been made through small incisions in the pleura, thus we have had little opportunity to thoroughly examine the interior of the cavity.

TREATMENT

What is required is to establish early an adequate drainage of the entire pleura. This can only be accomplished by incisions large enough to allow for the thorough exploration and examination of the pleura cavity with the gloved finger. Drainage should be continued for several

days in acute cases. The sub-acute and chronic cases will require drainage over a longer period of time. The opening should be made in the most dependent part; however, it is a pretty good rule to follow that you cut down along the needle puncture wherever pus is found, the needle in the purulent cavity acting as a guide. Do not forget in making punctures that quite frequently the diaphragm is displaced upward. Care must therefore be observed in order that the needle does not penetrate below the diaphragm. If aspirations have been repeatedly made, and whenever long delays have occurred without free drainage having been established, we cannot hope for sufficient expansion of the lung to again occur as will meet the chest wall. Obliteration of the cavity in such a case may come about by the organization of califications of the exudates, or by collapse of the chest wall. Operations which narrow the chest, allowing the chest walls to meet the collapsed lung, are required in chronic cases. Complete removal of the boney chest de-cortication of the lung and incision of the pleura, for the relief of the late results of empyema are unsatisfactory; even if a life be saved, the function of the lung is impaired, thus the man is handicapped in earning a livelihood or his existence is shortened by some intercurrent disease. Such cases are extremely liable to have disease arise in the other lung and whenever it does occur, there is no substitute to compensate. Many times death will occur from a low grade inflammation of the remaining lung.

What can we offer in the performance of early operations? If operation is performed early, before fibrinous adhesions have bound down the lung, we can expect recovery with almost perfect expansion of the compressed lung. Early operations will cast aside complications of joint and spine deformities. What then are the objections offered by the opponents of early surgical intervention. The first objection offered is that you admit air into the pleural sac, thus destroying the negative pressure and allowing a collapse of the lung; since the lungs are always tending to collapse, respiration becomes impossible, directly free openings being made into the pleural cavities on both sides. According to Starling, after full inspirations, the elastic forces are brought into play and the negative pressure reaches as great an amount as 30 M. M. of mercury. The negative pressure in the thorax is diminished by any factor decreasing the elasticity of the lung tissue; thus in an old man when the elastic tissue is degenerated and the alveolae enlarged, giving rise to the conditions of emphysema, the lungs may collapse only slightly or not at all on opening the chest. The lungs do not collapse on making an opening in the chest of a new born mammal, but this is owing to the fact that they completely fill the thorax in the expiratory position and it is only later with the

growth of the ribs the thorax, so to speak, becomes too large for the lungs, which are therefore stretched to fill it. The force exerted by the inspiratory muscles is all spent in overcoming the elastic resistance of the lungs and costal-cartilage. According to Cotton of Boston, not less than five factors come into play in determining the intra-pleural pressure.

1. The positive pressure of the expiration.
2. The negative pressure of inspiration.
3. Elasticity of the lungs.
4. Lymphatic absorption that clears the cavity of fluids, but is actually a result of the pressure factor rather than an active agent in determining pressure (as far as we know).
5. The surface tension of the great pleural surfaces tending to preserve their contact.

SUMMARY

1. Purulent effusions are often unsuspected or mistaken for unresolved pneumonia or other intra-thoracic complications.
2. When correctly diagnosed, they are too often temporized with aspirations.
3. Whenever operation is performed, drainage is often inadequate.
4. The operation of choice is an early and wide incision of the pleura.
5. Excision of a rib or ribs may be required for adequate drainage and exploration.
6. Our efforts to improve the statistics of empyema can only be brought about by a more careful and accurate diagnosis and resorting to earlier operation intervention.

REFERENCES

- Starling Human Physiology, 2nd Edition.
Trousseau Clinical Medicine.
Cotton, B. M., and S. J., 1915, Vol. 173, p. 804-8.
Pirrung, Lancet Clinic, March, 1912.

NEW BOOKS

Radiography and Radio-Therapeutics, Vol. 1, by Robert Knox, M. D., M. R. C. S., L. R. C. P., Consulting radiologist, Great Northern Central Hospital, London; Hon. Radiographer, King's College Hospital, London; Director, Electrical and Radio-therapeutic Department, Cancer Hospital, London; Captain R. A. M. C. (T.) 4th London General Hospital (in charge of X-Ray Department). The Macmillan Company, New York. Price \$9.00.

Locomotor Ataxia, an introduction to the study and treatment of nervous diseases, for students and practitioners, by William J. M. A. Maloney, M. D. (Edin.) Fellow of the Royal Society of Edinburgh; Fellow of the New York Academy of Medicine; Fellow of the New York Neurological Society; Neurologist to the Central and Neurological Hospital; formerly professor of Neurology, Fordham University, New York City. D. Appleton & Company, New York.

Our Duty to the Feeble-Minded*

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IN thinking of our duty to the feeble-minded, there are, at least, four questions to be considered: (1) Who are the feeble-minded? (2) What are the causes of feeble-mindedness? (3) How many feeble-minded are there, and (4) Are the feeble-minded increasing out of proportion to the normal?

The first question, Who are the feeble-minded? is probably the most difficult one to answer. Feeble-mindedness has reference to mental level. There are no two persons who look exactly alike; neither are there, in all probability, any two who have the same mental level, or in other words, the same mental capacity. Each of us has our own individual mental level. There are no tests of mental capacity which are of any value above the eleventh or twelfth year. Some scientists claim, however, that we grow in mental capacity up until the age of 45. Others say that our mental capacity reaches its height at about the age of 15. It is a question in my mind whether the normal person increases in mental capacity after the age of 15. For instance, a 15-year-old boy has as large a hopper for receiving knowledge as he will ever have in his life. Of course, at this age, he has not the mature judgment which he will have later, as he does not have the benefit of past experiences to draw from. A child who is three or more years retarded on account of lack of mental capacity would be considered feeble-minded. A child might be five or six years retarded on account of not having had a chance, and yet be perfectly normal, but if he has had an equal chance with others, and cannot keep within three or more years of them on account of lack of mental capacity, he would, certainly, be feeble-minded, and in case of young children, if they are even one year retarded, they will likely prove to be feeble-minded. For instance, if a child five years old, has the mind of a child only four years old, the chances for his mental age keeping apace with his chronological age are not favorable, and it is possible by the time he reaches the chronological age of 12, that his mental age will not exceed nine.

Scientists have drawn the dividing line between the normal and the subnormal at the twelfth year. Now, it would be very simple if we could say that all those of a mental capacity of a child less than 12 years of age were feeble-minded, and that all above 12 were normal. However, there are quite a number of people, who by our scientific tests cannot pass the 12-year test, who get along very well in the world, managing to be self-sustaining; while others, who pass our scientific tests of 12

years or above do not get along well and cannot manage their affairs with ordinary prudence.

For convenience, the feeble-minded have been divided into three classes: the idiot, the imbecile and the moron. Those who have a mental age of less than three years are classified as idiots; those of three and under seven, as imbeciles, and those who have a mental age above seven and under 12, as morons. An idiot is not capable of protecting himself from common dangers; an imbecile, while capable of protecting himself from common dangers, cannot be made self-sustaining even under guidance; while the moron can be made self-sustaining under guidance, he cannot stand alone. He must have the guiding hand of superior mind. It is necessary for him to have supervision.

The second question—What are the causes of feeble-mindedness? Dr. Barr, in an examination of several thousand cases of feeble-mindedness, found heredity the cause in 64.8 per cent. Dr. Goddard, in an examination of several hundred families found the cause of feeble-mindedness to be heredity in 65 per cent. of the cases. Our investigations in the institution at Columbus very closely coincide with these figures, although we feel that it would be much higher if we could always ascertain the facts in the cases, as people are often loth to admit that there is an hereditary taint in the family. The most common cause of the remaining 35 per cent. of feeble-mindedness is due to sickness or traumatism after birth of the child. However, injury to the mother before birth of the child is often given as the cause of feeble-mindedness. There are cases on record of children being born with broken bones, and it is within the range of possibility that a severe shock or injury to the mother might cause an arrested cerebral development. We also find the cause given as injury to the child at the time of birth and it is not impossible that prolonged labor with asphyxia or instruments in the hands of a bungler might injure the child, so as to arrest the development of its brain.

There is another class of feeble-minded called the mongolians, which comprise about one and six-tenths per cent. of the feeble-minded, which I do not regard as any reflection upon the family tree. In 75 per cent. of such cases they are the last children born, or the children of old age. When such is not the case, we usually get a history of a diseased or debilitated condition of the mother during the period of gestation. These cases occur in the best families, where there is no hereditary taint, and are regarded as an expression of low vitality, particularly, upon the part of the mother.

The third question—How many feeble-minded

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are there? This is everyone's prerogative to estimate. Dr. Goddard has made the statement that three-tenths of one per cent. of the population are feeble-minded. In a survey which was recently made of two counties in Indiana, they found in one, 13.9 per thousand feeble-minded and in the other, 7.6 per thousand, and in a survey recently made in one of the hill counties of Ohio by the Bureau of Juvenile Research, it was found that over one per cent. of the population was feeble-minded. This would indicate that three-tenths of one per cent. would be too low, but I prefer to be conservative, and if we adhere to the standard of three-tenths of one per cent. as being feeble-minded this would mean that in Ohio we have over 15,000 feeble-minded. However, this does not necessarily mean that we have over 15,000 people in Ohio, whom it is essential to segregate, but we have in all probability, at least, 10,000 or more who should be segregated. At the present time, we are accommodating 2,206 in the institution at Columbus, which means that we have about 8,000 feeble-minded persons at large in the state of Ohio, who can never be made self-sustaining, law-abiding citizens, and whom we are caring for at a much greater expense than it would cost to maintain them in an institution adapted to their care and training.

The fourth question—Are the feeble-minded increasing out of proportion to the normal? I do not hesitate to answer this question in the affirmative. Our modern methods of civilization make this inevitable. We are doing everything in our power to interfere with the law of the "survival of the fittest." I wish to quote from a copy of a letter I recently received, which was written to the Secretary of War: "I wish to call to your attention the desirability of extending the scope of the examination of the recruits for the army and navy to include examination of their mentality to the end that irresponsible men, those whose mentality is such as to interfere with their judgment and stability may be rejected for the fighting arms of the army and navy."

The great misfortune of war is that it destroys our best blood and leaves the weaker brother home to multiply.

In our cities, we are establishing fresh air baby camps. We are sending our sanitary officers into the slums and insisting on better sanitary conditions, better food, etc. We are sending our district nurses into the slums and shacks to nurse these feeble-minded babies. Our social workers are endeavoring to bring about better conditions in these families. Consequently, we are raising more feeble-minded babies today than ever before. I would not wish to say one word in disparagement of this great and noble work, for as soon as a baby is born into the world, whether it be feeble-minded or not, it is entitled to the very best care and treatment we can give it during its natural life. However, our right and duty is to see that there are not so many

feeble-minded babies born. It is a disgrace to the nation that thousands of defective children are annually born to imbecile parents, to replace and more, the deaths in this vast army of mental defectives. Every feeble-minded person of the reproductive age should be so carefully guarded that reproduction would be a physical impossibility. I believe that when people become sufficiently educated, the habitual criminal and the feeble-minded will be prevented from reproducing their kind. Segregation is the most humane and satisfactory method. However, there are concrete cases where sterilization would be of benefit, but it is useful only in a limited number of cases. Sterilization does not prevent the committing of crimes or the spreading of venereal diseases. Furthermore, these people can be maintained at a much less expense in an institution properly adapted for their care and training than they can be at large, and at the same time, it prevents them from propagating their kind. Dr. Goddard says that "Every feeble-minded child is a potential criminal." He also makes a statement in his last text book entitled "The Criminal Imbecile," that, "It is now conceded by all the best authorities that somewhere in the neighborhood of 50 per cent. of all criminals are feeble-minded." I will say, however, that this statement seems rather extreme, but probably the doctor's definition for feeble-mindedness does not quite coincide with mine. I am willing to concede that 25 per cent. of the criminals in our penitentiaries are feeble-minded. There is another 25 per cent., while they seem to have normal intelligence, yet, they are lacking in inhibition, in stability of character and are not wholly responsible for their acts and deeds and are, therefore, socially unfit. There is from 30 to 40 per cent. of the boys in our reformatories who are feeble-minded; 40 to 50 per cent. of the boys in our industrial schools are feeble-minded; in the neighborhood of from 20 to 25 per cent. of the children in our children's homes are feeble-minded, and, at least, 50 per cent. of the paupers in our almshouses are feeble-minded.

Dr. Barr makes a statement in a recent article in the "Alienist and Neurologist Journal" that in an examination of over 1400 cases from the Juvenile Courts, he found 61 per cent. feeble-minded. He also made the statement that in an examination of 424 harlots, 80 per cent. plus were distinctly feeble-minded, and of the remaining 20 per cent. who were judged normal, not one could carry on a consecutive conversation. In a bulletin of the Juvenile Protective Association of Cincinnati, issued about two years ago, they made the statement that the trials and convictions of Cincinnati's feeble-minded criminals cost the state and county over two and one-half millions of dollars a year. If we had the money that Cincinnati is spending upon its feeble-minded criminals we could soon have the feeble-minded in the state

of Ohio segregated. The public has already been educated to the belief that it is a good thing to segregate the idiot or distinct imbecile, but it is not quite so thoroughly convinced as to the proper treatment of the brighter and more dangerous class, the defective delinquent. It is from this latter class, we have been making our worst criminals, as there seems to have been no other course open to them. We have been sending our defective delinquent boys to our industrial schools; then to our reformatories and finally innumerable terms to our penitentiaries. In the meantime, they have been out scattering their progeny broadcast over the country.

There is not anything that we can do that will so effectually help to depopulate our alms houses, our reformatories and our penitentiaries as the segregation of the mentally defective. It is of paramount importance that we make more adequate provision for the care of the mentally defective. The last legislature was more liberal

than the preceding legislatures had been for some-time past, as they made provision for the care of 700 more of the feeble-minded. It is our fervent hope that the succeeding legislatures will appreciate the necessity of caring for the feeble-minded, and will continue the good work until all of the feeble-minded who are not properly cared for in their own homes, will be safely segregated in an institution where they can be kept out of trouble and prevented from reproducing their kind and where they will be much happier than they would be on the outside.

Before closing, I wish to call your attention to a fact which is of vital importance. That is, 22 per cent. of the inmates in the Institution for Feeble-minded at Columbus are of foreign born parentage, which emphasizes the necessity of more carefully guarding our portals of entrance. After this tremendous war is over, the danger from this source will undoubtedly be greater than ever before.

The Treatment of Septic Arthritis

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SUPPURATIVE arthritis may be the result of a penetrating wound into or near the articulation or it may be the sequence of a focal or general infection originating in some distant part of the body. It is the latter condition of which I wish to speak more in particular.

Not infrequently do we encounter this form of arthritis developing during the course or following an attack of scarlet fever, pneumonia, gonorrhoea or typhoid fever. Measles is rarely complicated by septic arthritis, but I have recently seen a severe infection of the hip joint in a child which was just recovering from a typical attack of measles, in which the pus was evacuated and complete restoration of the articulation was secured by appropriate treatment. The genito-urinary infections must not be overlooked when searching for the cause of these joint metastases.

In the great majority of acute joint infections we encounter nothing more severe than a synovitis with, or without, effusion which readily clears up with conservative treatment, but unfortunately, the more severe joint inflammations often have a tendency to become septic and result in a more or less disorganization of the articulation unless early, appropriate treatment is instituted.

An acute suppurative arthritis may be secondary to a serious synovitis or it may start without any obvious serous stage. When it follows a serious effusion the symptoms gradually increase in severity, the swelling and pain become more marked, redness of the joint becomes evident, the temperature usually rises and an asperation of

the joint cavity discloses a cloudy or purulent fluid. The affection may be septic from the start, ushered in with a chill; high temperature, pain, swelling, local tenderness and loss of motion in the joint ensue.

The diagnosis is usually not difficult and can be readily substantiated by the withdrawal of the fluid from the joint with an asperating syringe. The X-ray is of little or no service in the early stage of these joint infections but later, when the cartilages have suffered in the destructive process or the bony tissue has become involved a roentgenogram may aid us materially in our prognosis and influence the course of our treatment.

Strange as it may seem, it is rarely possible to cultivate the offending organism from the asperated fluid. Occasionally the streptococcus, staphylococcus or gonococcus may be isolated but in the great majority of cases examined the synovial fluid is found to be steril. Dr. William B. Wherry, professor of bacteriology in the University of Cincinnati, has kindly co-operated with the orthopedic service of the General Hospital in investigating the bacteriology of joint effusions and we have failed to successfully cultivate either an anaerobic or aerobic growth from any variety of joint effusion thus far examined. This leads me to believe that the infection must be located within the synovia and para-articular structures and that the effusion is purely reactionary to the inflammation within these tissues. The establishment of this fact has an important bearing, to my mind, upon the manner of treating these infected joints which I will mention subsequently. Efficient treatment of septic arthritis depends

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primarily upon, first, a thorough disinfection of the joint structures, and second, complete immobilization of the joint in a proper position. In mild cases, rest alone sometimes suffices but joint disinfection is usually necessary to initiate a cure and this must not be deferred until the synovia and joint cartilages have undergone degenerative changes. Destruction of the joint cartilages usually results in ankylosis and an ankylosis in a faulty position requires prolonged after treatment or results in permanent deformity with greatly impaired function. Therefore, the earlier in the course of infection a diagnosis is made and proper treatment instituted the more favorable the outlook for complete recovery. I do not wish to minimize the importance of a thorough eradication of the focal infection of such is found to be the cause of the joint involvement; neither must we be led to believe that this will be sufficient to cure a septic arthritis unless the joint involvement is so slight that bodily resistance can readily cope with the situation after the principle source of supply has been removed.

Disinfection of joints has been attempted by a number of different methods, some of which have proven much more efficient than others. Dr. John B. Murphy advised the injection of two per cent. formalin in glycerin after asperating the joint effusion. This was much in vogue a few years ago at which time I was afforded the privilege of using this method in a number of cases on our service at the Cincinnati General Hospital, but results were not encouraging and the method was soon abandoned. Dr. F. G. Dyas in experimenting with rabbits found both cultures and smears taken from septic joints previously treated with two per cent. formalin solution, still showed the presence of streptococci. His experience both clinically and experimentally proved conclusively that two per cent. formalin in glycerin was not efficient as a joint disinfectant. Another method which has been extensively used is flushing the joint cavity with various solutions by means of a needle of large caliber attached to an asperating syringe. Some introduce two needles, one for injection and the other for exit of the fluid. The most serious objection to this method is the inability to rid the joint of the gelatinous, necrotic material which is usually present and persists in blocking the lumen of the needle, thus interfering with the thorough cleansing of the joint cavity. With our present knowledge of bone and joint surgery we feel no hesitancy in doing an arthrotomy whenever necessary. So, in these cases, the most efficient manner of disinfecting the joint is to open the capsule sufficiently to introduce the sterile glass tip of a gravity syringe and flush the cavity with whatever antiseptic solution that may be indicated. If found desirable the incision can be extended to facilitate a complete exploration of the joint cavity.

In either aspiration or arthrotomy the most

strict aseptic precautions must be carried out even though we are dealing with a septic field. As to most efficient disinfectant, I am not able to state definitely; it is my opinion that any one of a number will prove equally satisfactory, providing they have a penetrating as well as a cleansing action in the joint.

I have had good results from five per cent. phenol solution followed by fifty per cent. alcohol and that by normal saline. In gonorrheal joints, a normal saline solution maintained at a sufficiently high temperature to kill the organism, about 115 F, has proven efficient. In recent cases I have used one to fifteen thousand bichlorid in normal salt solution, flushing for fifteen minutes and ending with a normal saline. Recently, ether and Dakin's solution of hyperchlorite of soda have been used abroad for disinfecting joints with good results.

To be efficient, in my opinion, we must use an *active* disinfectant for flushing the joints, one which will penetrate into the synovial tissue where the infective agent is most likely located. Since it isn't the effusion in the joint which harbors the infective organism it does not seem reasonable to suppose that a simple, aseptic fluid will be sufficient to control or limit the infection. It has been shown by Cotton and others that joints have a high resistance to septic infection and that they withstand very well the active disinfectants. After disinfection the capsule of the joint must be immediately closed *tight*, and if a drain is used at all it should be placed outside the joint capsule for the sole purpose of taking care of the extracapsular infection. Through and through drainage by means of rubber tubing or wick drains are dangerous procedures and open to serious objections; they often lead to extension of the suppuration and spreading of the infection between the muscle and fascial planes about the joint; they also leave the joint cavity open to the dangers of secondary infection during the subsequent dressings of the wound.

It is interesting to note that joint infections produced by war injuries have yielded remarkably satisfactory results to disinfection and primary closure of the joint capsule. Derache reports six cases of knee wounds which were treated by immediate excision of contused and contaminated tissues, the joint cavity disinfected and closed in layers and left to heal under its own natural defensive powers. This treatment provided a simple and rapid recovery of the articulation with complete restoration of function. This is quite in accord with other observers who have adopted this method of treatment of war injuries. Loubat, in twenty-three cases obtained reunion per primun in twenty-two; Sencert, twenty-two out of twenty-two; Duval, eighteen out of nineteen; Leroy, six out of seven. Loubat and Duval report complete restoration of function in all their operated cases.

This method is applicable to all articulations, but is naturally more difficult in some joints than others. It is a conservative procedure insofar that it gives the patient an opportunity of saving the articulation, and, where unsuccessful, the more radical operation of transverse incision of the joint may be carried out or even an excision or amputation performed if found necessary to conserve life.

Complete immobilization of the affected joint, in a proper position, is of equal importance in securing satisfactory results.

There has existed a fallacious idea that these joints must be kept moving in order to prevent the development of an ankylosis. The joint should be maintained in a position of physiological rest until the wound is entirely healed and all signs of inflammation have subsided, then the patient is given the privilege of active motion once or twice a day, depending upon the sense of pain as a guide to the extent of movement, the weight of the limb may be used in overcoming the stiffness which has developed in the muscles.

Later, gentle passive motion along with baking and massage will often hasten recovery, but at first the utmost gentleness is necessary in order to minimize the risk of exciting a recrudescence. The absence of signs of inflammation does not assure the absence of pathogenic organisms and well meant efforts may set up an active condition within the joint if passive motion is begun too soon.

Immobilization may be secured either by means of well padded splints or the application of a plaster of Paris cast. Careful cognizance should be taken as to the position of the limb in order to avoid any undue tension upon the capsule and

at the same time secure the most favorable position should an ankylosis ensue. In case of the ankle, the foot should be maintained in slight varus and at right angles to the leg. The knee should be put in sufficient flexion to secure relaxation of the ham-string muscles; this will add greatly to the comfort of the patient. The hip should be in slight flexion, abducted twenty or thirty degrees and neither rotated inward nor outward. The shoulder should be abducted at right angles with the body and the arm brought slightly forward. In the elbow a right angle position should be secured with the hand midway between pronation and supination, and if the wrist is the joint involved the hand should be secured upon a "cocked-up" splint with the wrist hyper-extended in order that the grasping power of the hand is maintained.

Should fibrous adhesions form they may be broken down by force after all inflammatory signs have subsided but this must be done with the patient under full anesthesia so that the muscles are fully relaxed. Gas anesthesia is not sufficient, and half-hearted attempts are useless as they only give rise to effusion within the joint and increased stiffness. Every resisting band must be stretched or ruptured by steady, continuous force. Sudden jerking movements should be avoided since they are inefficient, cause unnecessary joint irritation and may result in fracture of the limb. After the adhesions have been broken down the joint should again be immobilized but removed from its dressings daily for massage, and both active and passive movements persistently carried out.

19 W. 7th St.

Professional and Lay Attitude With Reference to Medical and Surgical Fees*

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IN the Hippocratic Oath, medicine is referred to as the art respected by all men, in all times!

The great disparity between disease and health; the tenacity of life; the unselfish aim of medicine to prevent disease, restore health, and prolong life; a charitable disposition on the part of the physician, from time out of mind; and an ancient veneration for the mysterious and unexplained, are some of the factors responsible for the lofty sentiment so beautifully expressed by the author of the Oath.

But a retrospect of years, not removed from our own memories, tells of a decline of prestige during the period of our greatest progress. While we all welcome any reversal of sentiment, entailed by the elimination of mystery worship

by popular education, we cannot fail to observe various other agencies operating toward our professional disfavor. Many of these untoward influences arise from without, and represent the disaffection of cults and creeds, but some of them are indigenous to ourselves and challenge our good name from the seat of vantage which we have given them.

A few months ago, the editor of the Medical Review of Reviews asked a large number of representative men and women the question, "What is the matter with the medical profession?" The replies, published in the January issue of this Journal, are interesting. An analysis of the criticisms offered shows a wide diversity of opinion as regards the identity of a "grievous fault."

An abridgment of general esteem is recognized by John Kendrick Bangs, who expresses a su-

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preme contempt for "the flings indiscriminately hurled at physicians as a class."

James Mark Baldwin believes that medical education in the United States is "inadequate and insufficiently controlled."

Jerome K. Jerome would be glad if the medical profession "could learn a little of the modesty and humility that go to the making of true knowledge."

Wallace Irwin and Upton Sinclair think the profession is too slow to pick up new things and, in a general way, has a tendency to fall behind.

Theodore Dreiser finds no fault with the medical profession, as a whole, though he directs some sharp criticisms against certain types of physicians. "The low-minded, ignorant doctor," says he, "in order to live and be happy, steals—in the sense that he takes what does not rightfully belong to him. He doctors where he should not; pretends to a knowledge he does not have; fumbles with life and, when his victims die, turns his back on memory. The higher skilled but equally unscrupulous professional, seeking local station and wealth, overcharges, browbeats, carries profitable cases along, and bleeds his victims to the last dollar. They make a shame of a great art."

Now, having caught a glimpse of ourselves as many laymen see us, let us look again. The perspective is this time cast by one of the most erudite in our profession. I refer to the article of Richard C. Cabot entitled, "Better Doctoring for Less Money," published in the April, 1916, issue of the American Magazine. In the beginning the attention of the public is directed to a new era which has come in the practice of medicine, though few people have found it out. The family doctor system is cast aside as a relic of inefficiency and extravagance. The new co-operative group system of the modern hospital is substituted therefor. The following is a quotation: "It is really grotesque even to attempt a mental picture of the burden under which the family practitioner would stagger if he seriously undertook to give his patients the best that medical science today can provide; yes, can provide cheaply, too." This quotation has been included because of those last five words, "yes, can provide cheaply, too." A second quotation: "Those who call a physician to their houses, or visit him at his office, are the unfortunates doomed to pay high for a relatively poor bit of service." Then follows: Ninety per cent. of the people of the United States "are suffering unnecessarily because of the bad organization of the medical profession."

The system of health insurance, provided at the University of California, is cited as an example of what may be attained by the new regime of medical organization. "The temptation of doctors in private practice" is cited as additional argument for the new order. Says the author,

"The group method tempts the doctor to tell the truth. Private practice tempts him sorely toward various forms of prevarication and deception;" for, it is argued, "It is not to his interest that people should keep well or should suppose themselves to be well in a short time."

In contrast to the above, the salaried hospital physician is introduced as one to whom "unnecessary visits are, indeed, a plague and a burden; his interest and that of the patient run parallel." He adds, "To me the amazing thing is that the state of things which I have described is permitted to last a day."

To aid us in recognizing our shortcomings and measuring our needs, we submit the following brief, embodying, as we believe, the fundamental principles of the office we seek to fill in our service for the general welfare.

1. It is the duty of the medical profession to place the standard of medical education and training upon the highest plane compatible with the term of human life.

2. Our first and ultimate aim is the prevention, rather than the cure, of disease.

3. It is the duty of all engaged in the active practice of medicine to be studious and progressive and, as far as possible, provide our patients, at all times, with the best there is in diagnosis and treatment.

4. The accessibility or distribution of medical practice should be such that all classes of society may receive, when necessary, our most efficient group service regardless of any compensation which they may be able to offer.

5. Fees—Because of the unwritten obligation assumed by every individual upon entering the practice of medicine and surgery to place service before fee and, in a broad sense, relieve suffering humanity regardless of the amount of remuneration, there can be no equitable uniform schedule of his fees. Medical fees, therefore, must depend upon the nature and importance of the service; upon the capability and skill of the physician, and upon the patient's ability to pay.

6. The duty of providing for the sick poor rests, fundamentally upon society and state.

The writer now wishes to offer suggestions for improvement, some of which he considers essential to the preservation of the economical integrity of medical practice.

BUSINESS METHODS

Contemporaneous with the dissipation of the fog of mystery which enveloped the art and science of medicine for many centuries, a new era appeared. Today the genius of medical and surgical endeavor stands naked before the world. She worships at the shrine and kneels at the altar of Truth alone.

Quite naturally, a disillusioned public mind has come to regard the profession of medicine as a business, and the practitioners thereof as business men. And because his business methods are so

often antiquated and slovenly, the physician does not command a full measure of esteem in the new role to which he has been assigned. A few years ago, during a visit in a southern city, a friend, speaking of his family physician, remarked that "he never sent out any bills." I was interested and inquired how he got along. "Well," he said, "I guess he never pays any either."

The old saying that a new debt is easier to pay than an old one is essentially true. And, while recognizing the virtue of leniency often necessary following a depletion of the patient's funds because of sickness, yet it cannot be denied that the general adoption, by physicians, of modern business methods in presenting statements and making collections would encourage thrift and add materially to the physician's purse and prestige. And society would have better doctors because larger incomes would encourage their attendance at the post-graduate school and clinic of instruction.

A RATIONAL FEE SYSTEM

The social, educational and economical trend of the times, enjoins the medical fraternity to meet conditions as they exist, and to establish and maintain, as far as possible, a basis of compensation for service which is equitable, rational and just. The importance of concerted thought and action in this direction, upon the part of the individual, the medical society, and the institution of medical instruction, is such that our present attitude of comparative neglect seems quite incredible.

In our brief of fundamentals we said the physician's fee must depend—first, upon the nature and importance of the service. If we should have occasion to consult an attorney regarding the validity of a contract involving \$50.00, he would charge us a small fee. If, however, his services were procured to safeguard our interests in a contract involving a much larger amount, his fee would be correspondingly higher.

If a physician makes ten visits upon a patient in treating him for an ingrown toe nail, and charges \$20.00 for his services, how much should he charge the same patient for the same number of visits in the management of a severe pneumonia or typhoid fever? Is not a physician's service through an attack of pneumonia inherently worth as much as that of the surgeon in removing an appendix or repairing a hernia? Is it not rational, therefore, that the charge be \$20.00 for the toenail and \$50.00 or \$100.00 for the pneumonia? And is it not true that in important cases, requiring much thought and study, the actual visits made often represent the minor portion of the entire service?

Parallely, an attorney's work, in preparing a case for suit at law, is frequently greater than that of the actual trial before a court or jury.

While a per visit schedule is unquestionably

necessary and useful, its application should not be universal.

I now wish to call attention to three varieties of service for which physicians generally are habitually underpaid. These are fractures, obstetrics and important diagnoses. In a very practical way one is impressed with the importance of fracture service when a damage suit for several thousand dollars is instituted against a physician, because of his failure, in a given case, to secure a result satisfactory to the patient. The importance of the service to the patient, the responsibility necessarily assumed by the physician, and the degree of skill essential to good results in fracture cases, easily warrant a substantial increment to current fees.

OBSTETRICAL FEES

I well remember when, in the community where I was born, the standard obstetrical fee was raised from \$7.00 to \$8.00. I have always thought the joke was on the physicians rather than the community, since their successors, with equal ease, have increased the price to \$15.00. If I were asked for a ludicrous theme for a cartoonist to sketch, it would be that of a physician who had spent seven years in college, driving a high powered motor car on his way to confine the wife of a well-to-do husband for a fee of \$9.99. And the finished drawing would portray, with considerable accuracy, the present economic status of obstetrical practice.

IMPORTANT DIAGNOSIS

A few months ago a physician with whom I am well acquainted, was called to see a young married woman to determine, if possible, the nature of what she suspected to be a trivial menstrual disorder. After careful inquiry and examination, a diagnosis of an unruptured ectopic pregnancy was made. A surgeon was called in consultation, but he did not concur in the diagnosis at this time. A week later the physician was called to see his patient, and insisted upon the correctness of his former diagnosis. An operation was made which verified his contention. For this service a fee of \$150.00 was paid the surgeon. The general practitioner, who contributed most towards his patient's recovery, received less than \$10.00. Is this not convincing argument for the need of a rational fee system in medical practice?

Next, we would apply the corrective for the abandonment of cut-rate contract practice. Is it not distressing that a railroad company and a rich township can sign us up by the year for a pass and a pittance? A physician told me just recently of his political preferment in the township where he lives. He had been secretly informed that his competitor's bid for furnishing full medical attention to society's improvement, for a period of twelve months, was \$25.00, and that if he would submit a bid of about \$23.00 he

would be given the job. The magnanimous offer was declined.

THE AIRING OF PROFESSIONAL INFELICITIES IN PUBLIC PRINT

If a national bank should adopt the policy of publicity for its unprofitable investments and administrative blunders, we should expect a run upon it, regardless of its financial stability. Professions, like households, have their skeletons, but it is bad taste to drag them from their closets and hook them onto the first page of a daily paper.

CLOSER COOPERATION BETWEEN GENERAL PRACTITIONERS AND SPECIALISTS

We shall now enter a plea for a "Closer Cooperation Between General Practitioners and Specialists." If, according to the statement of Cabot, 90% of the people in the United States, are suffering quite unnecessarily because of the bad organization of the medical profession, can we not secure sufficient co-operation between general practitioners and specialists to supply the want for an ample amount of group service? I am sure most of us cannot concur in the belief that anything like so large a proportion of patients applying to general practitioners receive "relatively poor service." It is the opinion of the writer that the pendulum of today is swinging too far toward specialism; that the office and importance of specialists are being magnified at the expense of general medicine; that the service of the specialist must be regarded as an auxiliary one; that the general diagnostician is the most important unit in the system of medicine best adapted to meet universal needs; that the practice of consulting the general practitioner first, is the best and safest course for patients to follow. Granting the practicability of the greatest freedom of co-operation, our present system, with few exceptions, meets every requirement for effi-

cient service, with hospital facilities at our present command.

Again quoting from our brief of fundamentals—"The accessibility or distribution of medical practice should be such that all classes of society may receive, when necessary, our most efficient group service, regardless of any compensation which they may be able to offer." To make this possible, the general practitioner is the central figure. He can easily have a working agreement with a group of specialists, who are willing to serve the rich, the poor, and those of more moderate means, for what they can afford to pay. The personnel of this group can be altered at any time that a member does not display a spirit of harmonious co-operation. The principle should be carried further than this. Indeed, each specialist should have his own group of co-operators.

I believe that the development of the fullest co-operation in group service would nullify the truth of the common statement that only the very poor and the very rich receive the best of medical service.

We conclude with an appeal to physicians generally, to watch and weigh the economical tendencies of the times. Let us bear in mind the fundamental principle that the duty of caring for the sick poor rests upon society and state. With industrial liability insurance with us, and compulsory health insurance before us, we must adopt the policy of preparedness against an economic disintegration under the guise of sociological duty.

It is unfortunate that the standard curriculum of our medical colleges does not include a course in medical economy, since we owe it to ourselves, to physicians of future years, and to society at large, to preserve the economical integrity of medical practice.

BEWARE OF SWINDLERS

No doubt you may have seen the several notices, under "General News," in the Journal A. M. A. in several recent issues, entitled "Once more a warning." These refer to swindlers operating in different sections of the country,—various letters having been received from victims in Ohio, Colorado and other widely separated states. Now comes a letter from the well-known publishing house of W. B. Saunders Co. of Philadelphia, saying a man under the name of E. T. Rogers, claiming to represent the University Progressive Club of Cincinnati, for medical and other journals, has been victimizing physicians in Illinois; and the same subscription swindlers, or another under the name of Robert Wayne, has been relieving physicians of their well earned cash in the region of Gary, Ind. It is believed there is concerted action, perhaps by an organized band, being taken at this time of the year, to victimize physicians on so-called

"subscription" schemes. Every physician should decline to pay any money by check, or otherwise, to subscription agents not personally known to him, or for whom other physicians cannot vouch. Many of these so-called agents operate under the guise of students "working their way through college."

THANK YOU, DOCTOR!

This is an excerpt from a cheery Christmas greeting received from Dr. S. St. J. Wright, of Akron:

"Let me assure you of my great satisfaction with *The Ohio State Medical Journal*, and your part in the work of the society. I regard my \$6.00 (State and County dues) as exceptionally well spent. Value is received and "pressed down, shaken together and running over." I am glad to assure you of the harmony among the 238 members of the Summit County Medical Society."

Compulsory Health Insurance Plan is Opposed by Massachusetts Commission

In view of the present Ohio investigation it is interesting to note that the Massachusetts Commission on Social Insurance, appointed by last year's legislature to consider Governor McCall's recommendations for compulsory health insurance, reported January 15, 1918, with a majority opposed to the establishment of a state system of compulsory health insurance. The report declares such a system has few supporters, is opposed by laborers and employers alike and is distinctly class legislation. The commission feels that greater thought should be given by the state to sickness prevention measures.

The majority report is signed by nine of the eleven members. Two members of the Commission present a minority report in favor of non-contributory health insurance. Another minority report, signed by three members, recommends the extension of medical care for school children. The majority report states:

"After serious consideration of the evidence submitted at the various hearings and of the several studies undertaken in its behalf, the majority has reached its conclusion and does not feel justified in recommending a bill to establish a system of state health insurance within the commonwealth.

"The so-called compulsory contributory system of health insurance has few supporters. There appears to be two serious obstacles to the enactment of legislation of this character, namely, the united opposition of employer and employee to the plan and the difficulties presented by the constitutional aspects of the question.

"We cannot disregard the objection put forward by labor bodies and others that compulsory contributory health insurance is class legislation—inasmuch as it taxes one class of citizens, the inherently wealthy, for the benefit of the smaller but less fortunate group on which the burden of illness falls.

"We believe that health insurance would not in any degree lessen poverty or so much of it at least as is due to sickness. Those persons in the commonwealth whom the Standard bill is designed to help are already in a position to avail themselves of medical service and indemnify themselves through voluntary insurance, if they so desire, against loss caused by sickness.

The great contributory causes of poverty in the commonwealth we find to be tuberculosis, insanity, feeble-mindedness, intemperance, insufficient wages, lack of education and shiftlessness. In view of the failure of the sanitarium benefits under the Health Insurance Act in Great Britain it is difficult for us to feel that any system of health insurance would tend to alleviate or greatly improve the conditions caused by these first named diseases. Most of the health insurance systems of the compulsory type now in vogue

make no provisions for chronic ailments, such as tuberculosis, insanity, cancer, or diseases extending over a period of twenty-six weeks in any given year. In the event of the wage earners succumbing to any of these diseases it is conceivable that a measure of this kind might improve the condition of the members of the families affected to a degree but an act for this purpose alone is gratuitous.

"In brief, the real solution of the health question, it seems, is not indemnification for wage loss during illness, but prevention of illness. To cope intelligently with the sickness problem, therefore, our energies should be directed to making possible the extension and greater efficacy of our preventive work.

"It is our opinion that an ultimate solution of the sickness indemnity question may be partially reached at least through the growth and development of voluntary industrial mutual benefit associations now in operation."

Suggestion is made by the majority in its report that if the clinics and dispensaries are extended, or its service, some provision should be made for state supervision. It recommends that the State Department of Health shall be given authority to license all dispensaries and prescribe general regulations for their management. "Such a law," the report states, "would prevent the development of commercial, exploitative institutions, some of which now exist, and would enable a constructive development of medical service to proceed in an orderly way without, however, hampering local initiative.

OUR FIRST MILITARY RECEIVING HOSPITAL

Surgeon-General Gorgas of the United States Army has announced the selection of Fox Hills, Staten Island, New York, as the site of the first military receiving hospital from which wounded American soldiers will be distributed to the reconstruction and rehabilitation hospitals soon to be established. This hospital will have a capacity of from 1,500 to 2,500 beds, and will be located on an elevation overlooking the entrance of New York harbor, near enough to the quarantine station to make possible the transfer of the wounded with a minimum of delay. The soldier, disabled in the line of duty, will be received at this hospital, a complete history of his examination made, and then he will be passed on further along the line to the general or special treatment hospital where he will be given light work to aid in convalescence, and, if necessary, given special training for new occupations under the direction of vocational experts. He will be fitted for a trade for which he is particularly adapted. These general and special hospitals are to be located in various parts of the United States, and the soldiers will be sent to places nearest their own homes. These sites will be announced later.

NEWS NOTES OF OHIO

Columbus—Dr. M. D. Godfrey has been appointed district physician, succeeding the late Dr. M. A. Bartley.

Sidney—Dr. J. W. Costolo underwent two operations for abscess of the eye at Seton Hospital, Cincinnati, recently.

Newark—Dr. Cary Legge slipped on an icy pavement, January 20, and fractured his leg between the knee and ankle.

St. Clairsville—Drs. West, Giffen and Drennen have been appointed township physicians by the trustees of Richland township.

Galion—Dr. T. L. Brown has been elected health officer to serve during the period Dr. M. L. Helfrich is in military service.

Ashland—Dr. R. C. Kinnaman was host, January 18, at a banquet given in honor of Dr. Ray C. Ash, who left for Fort Riley two days later.

Ravenna—Dr. L. A. Woolf, city health officer, has been elected health officer for Ravenna township, so that his city work may be additionally effective.

Cincinnati—Dr. E. O. Smith has been selected to succeed Dr. Charles H. Castle, deceased, as medical director of the Federal Union Life Insurance Company.

South Salem—Dr. E. J. Tulley sustained painful injuries, January 9, when his machine skidded. One or two ribs were fractured and he was severely bruised.

Marion—Dr. Frank W. Thomas, who practiced medicine in Marion for 15 years, died at his home in Claremont, California, January 12. He had practiced in California since 1899.

Cincinnati—Dr. S. J. Goldberg, clinical instructor in otology, medical department of the University of Cincinnati, addressed the McDowell Medical Society, January 5, on "Middle Ear Infections."

Elyria—J. A. Ward, an itinerant physician who claims the state of Michigan for his home, was sent to the workhouse for entering the office of Dr. Karl Reefy and appropriating a sealskin cap and an overcoat.

Cincinnati—The touring car of Dr. Frank B. Cross, valued at \$3,000, was stolen, January 9. The car is described as brown, with a black stripe. It had a green cross on the front and on the rear and carried license No. 216,832.

Dayton—After spending one year in post-graduate study at Bellevue Hospital and Johns Hopkins University, Dr. Frank I. Shroyer, formerly of Troy, has opened offices in this city and will specialize in gynecology and abdominal surgery.

Columbus—Dr. C. P. Linhart was named school physician for a term of one year by the board of education, January 28. Dr. Linhart succeeds Dr. H. M. Platter, who resigned after long and efficient service to become secretary of the State Medical Board.

Marion—Dr. C. E. Sawyer, a member of the Ohio State Medical Board, returned, February 6, from Chicago, where he addressed the Federation of State Medical Boards on "The Responsibility of the State Medical Boards in the Present War Emergency."

Cincinnati—Drs. B. K. Rachford, J. C. Oliver and R. S. Morris have been appointed an executive committee, to which all questions as to administration of the College of Medicine will be submitted in the absence of Major C. R. Holmes, dean, now at Camp Sherman.

Norwalk—Dr. I. L. Wyant was found in an unconscious condition and near death in the garage at the rear of his home, January 11, as a result of having been overcome by carbon monoxide gas from the exhaust of his automobile. He is reported to be improving.

Cleveland—The Physicians and Dentists Building Company has acquired an option on land at the northwest corner of Chester Avenue, N. E., and East Thirteenth Street, on which to erect a twelve-story building, to cost \$800,000, for the exclusive use of professional men.

Ironton—Dr. Charles E. Stewart has filed suit against The United Fuel Gas Company asking damages in the sum of \$12,000. He alleges that on March 16, 1917, an automobile in which he was riding was struck by a United Fuel Gas Company truck, fracturing two of his ribs, and that as a result he has been permanently disabled owing to nervous condition.

Columbus—Drs. C. O. Probst, A. W. Freeman and J. H. J. Upham addressed a meeting of the local Kit Kat Club, February 7. Dr. Probst reviewed the recent achievements of medical science in the treatment of contagious diseases; Dr. Freeman, state health commissioner, promised to present to the next legislature a program for the further protection of public health, and Dr. Upham emphasized the need of the city for a contagion hospital.

Lima—Dr. William B. Van Note, councilor for the Third District, who has been suffering from neuralgia recently, after a brief visit with his assistant, Dr. George W. King, who is stationed at Camp Sheridan, went to St. Petersburg, Florida, for rest and recuperation.

Van Wert—Dr. B. L. Good has equipped his office with a modern X-Ray laboratory and placed Dr. H. E. Shear of New York City, an experienced roentgenologist, in charge of the new department.

UNCLE SAM SAYS WE MUST DO IT

This will be the last issue of *The Journal* Uncle Sam will permit us to mail to you if your State Association dues are not paid.

Owing to the fact that many of our members are busy in governmental work, about 700 have neglected this thing that is so vital to organized medicine in this state.

But Uncle Sam's postal authorities are adamant. Where the subscription price of a journal is included in state association dues, as in our case, the dues must be paid in advance. The 90 days of grace period expires with this issue.

If you want to continue in the State Association, and to receive your *Journal* regularly, send your check immediately to the treasurer of your county society and ask him to promptly remit to us.

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OHIO PUBLIC HEALTH NOTES

—Records of the state department of health show that Ohio's tuberculosis death rate in 1916 was lower than that of the country at large, but her pneumonia rate was higher. Pneumonia has been gaining fatality in the state in recent years and its death rate passed the declining tuberculosis rate for the first time in 1916. Ohio's tuberculosis rate in 1916 was 132.8 per 100,000 population while that of the country was 141.6; her pneumonia rate was 141.2 and that of the country at large was 137.3.

—Six hundred and forty-seven babies were saved and aided to health last year by the Dayton Baby Welfare Clinic, in charge of Dr. C. W. Osburn.

—Dr. Wray Davies has succeeded Dr. C. W. Chidester as health officer of Delaware.

—Three hundred unvaccinated children have been barred from Portsmouth schools.

—There were 114 violent deaths in Canton during 1917, according to the annual report of Health Officer F. M. Sayre. Of this number 37 were caused by street car or railroad accidents, nine by burns; there were 12 murders and seven suicides.

—Dr. R. H. Grube has been appointed health officer of Xenia, succeeding Dr. A. C. Messenger. Dr. Grube was formerly a member of the state board of health.

—Schools of North Baltimore were closed during the last week of January as a precaution against a threatened epidemic of scarlet fever.

—"It isn't the sermon that puts churchgoers to sleep, it's the janitor who doesn't specialize in fresh air and ventilation." So says Dr. J. H. Landis in the Weekly Bulletin of the Cincinnati Health Department.

—A rather unusual appointment was made by the East Liverpool Board of Education, November 16, when Dr. Anna Taylor was selected to serve the schools as public health nurse.

—Outlining the health needs of Dayton, Health Commissioner Peters emphasized the importance of more complete inspection of school children, milk pasteurization and meat inspection. He stated that fully 12,000 Dayton school children have physical defects. The city spends only 30c per capita on its health department and none of that amount goes to aid the tubercular.

—Canton has let the contract for the remodeling of a house to be used as a detention home. The cost is estimated at \$1,614.

—Miss Bertha Fells, nurse for the Commission for the Prevention of Blindness, recently examined the pupils of Waverly public schools and found numerous cases of trachoma in its

early stages. Cases in the village and township will probably reach more than 100, which in the greater number will necessitate hospital treatment. The county commissioners have been asked to set aside an amount to be used for the sending of indigent patients to the hospital. No pupils who have been dismissed will be permitted to school until they have had treatment for this disease.

—The Visiting Nurses' Association of Dayton plans to establish two community centers where working mothers can leave their babies. It is said that these centers could also be used as headquarters for the distribution of pure milk and infant clinics could be held there.

—"No city in the United States has a greater problem in health conservation than Akron, where the enormous transient population and the inadequate housing facilities present extraordinary opportunities for disease." This was the statement made by Dr. C. T. Nesbitt, Akron health commissioner, in an address before the local Rotary Club. He said that while the city has three natural health advantages—good topography, good water supply and good climate,—it has handicaps which offset these advantages to a large extent. A one-third efficient sewer system, inadequate methods of garbage collection and distribution and insufficient control of food and milk inspection are some of the defects. The health department is organizing to combat the typhoid fever epidemic which threatens the coming summer.

—Robert G. Paterson, executive secretary of the Ohio Society for the Prevention of Tuberculosis, has been detailed to the State Department of Health to fill the temporary vacancy as director of the Division of Public Health Education and Tuberculosis, caused by the military duties of Dr. John R. McDowell. Mr. Paterson was the first director of the division, and is credited with placing it on its present efficient basis.

—The public health nurse of Cambridge is giving instructions in nursing to classes of school girls. The first two lessons covered home nursing and the care and feeding of infants.

—A new health ordinance in Toledo will require all addicts to cocaine, morphine and opium to register with the health department and get permits to receive treatment. The permit will bear the patient's name, photograph and description. Each patient is to be assigned to one physician and no other will be allowed to give him treatment.

—On February 15 the Ohio Society for the Prevention of Tuberculosis reported the sale of 7,500,000 Red Cross Christmas Seals in the state. This is conservative in that none of the larger cities had reported at that date.

—Dr. E. A. Peterson, Cleveland public school medical director, announces the opening of nine

Dr. Milton J. Lichty, Councilor of State Association, Died in Military Service

The State Association sustained a real loss on February 14, in the death of Captain Milton J. Lichty, M. O. R. C., Cleveland, councilor for the Association in the Fifth District, who died in service at Camp Taylor, Louisville, Kentucky.

Captain Lichty had been in charge of the tuberculosis examining ward at the cantonment. It is believed he contracted meningitis during the performance of his military duties.

A descendent of the earliest settlers of Somerset County, Pennsylvania, Captain Lichty was born at Myersdale, Pennsylvania, August 5, 1869. He was graduated from Mount Union College, Alliance, in 1892. He received an A. B. and an A. M. degree there.

In 1895 Dr. Lichty was graduated from the medical department of the University of Pennsylvania, and spent a year in Allegheny General Hospital, Pittsburg, and a little later began general practice at Alliance.

He located in Cleveland in 1902. For several years he occupied the chair of medicine in the Cleveland College of Surgeons and Physicians.

He was visiting physician at the City Hospital and on the staff of the old Cleveland General Hospital, which later became St. Luke's Hospital. He was a member of the Chamber of Commerce, the University Club, Shaker Heights Country Club and a number of medical societies.

Dr. Lichty was married to Miss Ella Dunlap of Mineral Ridge, Ohio, October 13, 1896. Mrs.

Lichty and two daughters, Jean and Ruth, survive.

Enlisting in the medical reserve corps in July, 1917, Captain Lichty was made chief of the tuberculosis examining board.

The body was taken to Cleveland for burial.

The Cleveland Academy of Medicine, on February 15, adopted the following resolutions, submitted by Drs. R. K. Updegraff, A. F. Spurney, and K. S. West:

In the death of Captain Milton J. Lichty, in war service, the Academy of Medicine and the community has suffered a great loss.

He was invited to Cleveland in recognition of his superior ability, and this ability was again demonstrated by the acquirement of one of the very largest medical practices within a few years.

He had many truly scientific dreams and visions but was pre-eminently a great clinician.

He had unusual power to inspire hard and honest work in his associates of the College, Hospital and his own office.

His enlistment was at great personal sacrifice and was one of the first from this city. It was without promises of any kind, nor hope of gain. He simply accepted his commission and took his orders.

Therefore be it resolved: That, we acknowledge our loss and express our great sympathy for his family.

new classes for defective children. The establishment of these classes, which will care for 150 or more children, is in line with the policy of segregating backward pupils. It is estimated that 2,000 defective children attended regular classes at the opening of Cleveland schools last term.

—The Thalian Anti-Tuberculosis Society of Toledo has begun a newspaper advertising campaign against "fake cures," and in favor of the more extended use of their free dispensary.

—Tuberculosis cottages are being built by the Ohio Board of Administration at three State Hospitals for the Insane, located at Athens, Dayton and Massillon. The cottages will cost \$10,000 each and will be ready for use in the spring.

—The National Association for the Study and Prevention of Tuberculosis began a campaign, February 4, to secure 5,000 new members. The quota of members to be secured in Ohio is set at 350. The present Ohio membership in the national association is 101.

—Amendments to the sanitary code adopted by the Chillicothe board of health and the Govern-

ment Public Health Service in charge of the cantonment district permit the board to examine all restaurants and their employees. The amendment also authorizes the board to examine the condition of private as well as public wells.

—A Cincinnati concern has applied to the Hamilton Board of Health for a permit to open a horse meat and sausage store in that city.

—Deaths in Columbus during 1917 numbered 3,412 against 3,337 the year before. Pneumonia, tuberculosis and the fevers were the chief agencies of these deaths. Only 17 deaths were caused by typhoid. The previous low typhoid mortality was 25, in 1911. Deaths from measles, 68, were twice more numerous than in 1916, but this number was increased by cases at the Columbus Barracks during the first four months of 1917.

—Miss Jessie L. Chapman succeeded Miss Margaret R. Simpson as nurse in the Department for the Prevention of Blindness, State Department of Health, December 1. Miss Chapman was formerly public health nurse in Marietta.

—The Fremont board of health has appropriated \$40.00 monthly for the next six months toward the salary of the public health nurse.

Accidents From Local Anesthetics

To the Editor:—The Committee on Therapeutic Research of the Council on Pharmacy and Chemistry of the American Medical Association has undertaken a study of the accidents following the clinical use of local anesthetics, especially those following ordinary therapeutic doses. It is hoped that this study may lead to a better understanding of the cause of such accidents, and consequently to methods of avoiding them, or, at least, of treating them successfully when they occur.

It is becoming apparent that several of the local anesthetics, if not all of those in general use, are prone to cause death or symptoms of severe poisoning in a small percentage of those cases in which the dose used has been hitherto considered quite safe.

The infrequent occurrence of these accidents and their production by relatively small doses point to a peculiar hypersensitiveness on the part of those in whom the accidents occur. The data necessary for a study of these accidents are at present wholly insufficient, especially since the symptoms described in most of the cases are quite different from those commonly observed in animals even after the administration of toxic, but not fatal, doses.

Such accidents are seldom reported in detail in the medical literature, partly because physicians and dentists fear that they may be held to blame should they report them, partly, perhaps, because they have failed to appreciate the importance of the matter from the standpoint of the protection of the public.

It is evident that a broader view should prevail, and that physicians should be informed regarding the conditions under which such accidents occur in order that they may be avoided. It is also evident that the best protection against such unjust accusations, and the best means of preventing such accidents consist in the publication of careful detailed records when they have occurred, with the attending circumstances. These should be reported in the medical or dental journals when possible; but when, for any reason, this seems undesirable, a confidential report may be filed with Dr. R. A. Hatcher, 414 East Twenty-Sixth Street, New York City, who has been appointed by the committee to collect this information.

If desired, such reports will be considered strictly confidential so far as the name of the patient and that of the medical attendant are concerned and such information will be used solely as a means of studying the problems of toxicity of this class of agents, unless permission is given to use the name.

All available facts, both public and private, should be included in these reports, but the following data are especially to be desired in those

cases in which more detailed reports cannot be made.

The age, sex, and general history of the patient should be given in as great detail as possible. The state of the nervous system appears to be of especial importance. The dosage employed should be stated as accurately as possible; also the concentration of the solution employed, the site of the injection (whether intramuscular, perineural or strictly subcutaneous), and whether applied to the mouth, nose, or other part of the body. The possibility of an injection having been made into a small vein during intramuscular injection or into the gums should be considered. In such cases the action begins almost at once, that is, within a few seconds.

The previous condition of the heart and respiration should be reported if possible; and, of course, the effects of the drug on the heart and respiration, as well as the duration of the symptoms, should be recorded. If antidotes are employed, their nature and dosage should be stated, together with the character and time of appearance of the effects induced by the antidotes. It is important to state whether antidotes were administered orally, or by subcutaneous, intramuscular or intravenous injection, and the concentration in which such antidotes were used.

While such detailed information, together with any other available data, are desirable, it is not to be understood that the inability to supply such details should prevent the publication of reports of poisoning, however meager the data, so long as accuracy is observed.

The committee urges on all anesthetists, surgeons, physicians and dentists the making of such reports as a public duty; it asks that they read this appeal with especial attention of the character of observations desired.

Torald Sollmann, Chairman

R. A. Hatcher, Special Referee

Therapeutic Research Committee of the Council on Pharmacy and Chemistry of the American Medical Association.

Do not overlook the fact that your income tax return must be made by April 1. The time has been extended to that date. The government agents will not hunt you up and remind you of your duty. But they will be around later, if you fail, and impose that extra fifty per cent. penalty. Get in touch with the tax man in your district. Don't fool with Uncle Sam.

The new (third) issue of Liberty Bonds is worth your careful consideration. To the physician or professional man—the age-old prey of the investment shark—these government securities offer unparalleled opportunity to do your country a good turn and do the same for yourself. There are too many uncertainties surrounding general investments these days for any except those skilled in finance to take a chance.

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C A N C E R

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COMMITTEE ON CONTROL OF CANCER, OHIO STATE MEDICAL ASSOCIATION

Andre Crotti, M. D., Chairman..... Columbus

J. H. Jacobson, M. D..... Toledo

Charles E. Holzer, M. D..... Gallipolis

Through the pages of *The Journal*, Dr. Crotti, as chairman of the above committee, will endeavor, by a series of monthly treatises on the subject, to impress upon the profession a realization of our responsibilities in more thorough and prompt cancer diagnosis and the benefits to be derived therefrom. To obtain results in a campaign to control the cancer problem, two things must be done—the medical profession of the state must be brought to improved methods of diagnosis through which incipient cancers may be detected, and the general public must be educated to the need of directing early attention to conditions that may result in cancer. Dr. Crotti has mapped out a comprehensive campaign, to the end that the profession may not merit in the future, the severe criticism which it has received in the past because of increasing cancer mortality, and the movement deserves the earnest co-operation of every Ohio physician.

DODECALOGUE

I.

Cancer is a *local disease* always starting in some one spot.

II.

Cancer arises after a long continued irritation of various kinds and in and about benign growths or ulcerations. These conditions are known as *precancerous conditions*. For instance, cancer of the lip and mouth arises from pipe smoking, bad teeth, etc.; external cancer from burns, moles, warts, etc.; cancer of the gall bladder from gall stones; cancer of the uterus from neglected ulcerations or lacerations; cancer of the breast from neglected sores, cracks, and especially from lumps that were at first benign.

III.

The removal of a precancerous condition *prevents* cancer from developing. Hence, the duty of every physician to advise the removal of every precancerous condition especially if there are any signs of changes taking place in it. The safest way is to remove any precancerous condition while it is still quiescent.

IV.

Pain is never present in early cancer. When pain is present, it is too late for a radical cure.

V.

The first warnings of cancer do not differ from warnings from diseases that are not cancer, hence, the reason why early cancers are so often overlooked. Consequently, always think of *cancer* first; *stop, look, feel and think*.

VI.

There is no such thing as "hemorrhage" of the "change of life." Every hemorrhage is pathological and may be caused by a cancer. *Examine the patient first and prescribe only after.* Any woman who after menopause begins to

"show" is more than suspicious of malignancy of the uterus. Have her operated upon.

VII.

Any lump in the breast which begins to *grow larger, gets harder, loses its sharp limits*, is becoming malignant. *Examine the patient first and prescribe only after.*

VIII.

In a patient over 35 years old any *persistent indigestion* must be regarded with suspicion. In any bleeding of the rectum, the presence of a cancer must be first eliminated before treating for "bleeding piles." *Examine first, and prescribe only after.*

IX.

In patients over thirty years of age, any goiter *growing rapidly and getting harder* in consistency is very suspicious of malignancy. When that goiter has become adherent to the neighboring tissues it is too late for a cure.

Examine first and prescribe only after.

X.

In patients of middle age any blood in the urine must be considered as of cancerous origin until proved otherwise. *Examine or have that patient examined first, and prescribe only after.*

XI.

Any ulceration of the skin or otherwise, no matter how small it is, which does not show any tendency to heal, must be regarded as suspicious of malignancy. *Stop, look, feel and think.*

XII.

Pastes, ointments, and all other cancer cures are fakes. The only effective means when applied early is surgery. X-ray and radium are of value in superficial cancer of the skin or external mucous membranes.

Write Senators Pomerene and Harding and Your Representative About This Measure

The Owen Bill, S. 3748, and the Dyer Bill, H. R. 9563, creating advanced rank for officers of the Medical Corps were introduced in the Senate and House of Representatives Tuesday, February 5. These two bills are identical and are similar to a bill passed some time ago whereby advanced rank was granted to medical officers in the Navy. According to the present law the ranks for officers of the Medical Reserve Corps are First Lieutenant, Captain and Major. According to the Owen and Dyer Bills the ranks, in addition to those just noted, are Lieutenant Colonel, Colonel, Brigadier General and Major General.

The medical profession has long realized the importance of this advanced standing for physicians serving in the Army, and has felt the great value, to the health and welfare of soldiers, coming through orders given by medical officers of higher rank than those which are now accorded.

A recommendation involving the efficiency of the Army, because health is necessary to efficiency, given by a medical officer to a line officer of superior rank fails to carry weight necessary for such an important recommendation. This has

been the experience of many officers in the past and has been responsible for this demand for advanced rank. The number in the regular Medical Corps now on active duty is 775. Volunteer physicians in the Medical Officers' Reserve Corps to the number of 12,855 are now on active duty. As you well know, physicians of the highest standing in the profession are now in the military service with the rank of major; the Army, therefore, losing the benefit of their experience and knowledge because of a lack of power to enforce their recommendations. Advanced rank carries with it this power.

The value of this patriotic service will be greatly enhanced by the early passage of these bills. If you feel, therefore, that more efficient service will be rendered after these bills become law, communicate directly with your senators and representatives, preferably by telegraph, using the "night letter" service, giving them the benefit of your experience and advice. In matters medical legislators are both willing and anxious to be guided by the wishes of the medical profession.

The New Newspaper Attitude

Nothing so well illustrates the changing public attitude toward health matters as the new note that is being struck by the public press. Can you imagine a daily newspaper a few years ago taking the advanced editorial stand indicated by this excerpt from *The Akron Times*, of recent date:

"Akron will have more municipal revenue this year than ever before, but she will also have more urgent demands upon her resources than ever. Besides, a large amount of debt which she is compelled to lift, the city faces unusual requirements in practically all departments of municipal activity. In the circumstances, there is likely to arise more or less temptation to slight one vital feature of necessary public service—the health budget.

"It is one of the perversities of the popular mind, in its conception of governmental functions, that the conservation of human health, the most vital thing in the world, is too frequently rated as a matter of second or third importance. There are citizens, apparently well informed in other matters of civics, who even regard expenditures in behalf of public health as a "luxury." There are others who feel that the protection of life and health and the promotion of physical comfort are trifling matters, to be disposed of with such remnants as are left in the treasury after property protection has been amply provided.

"We have an urgent need in Akron, at this time when the matter of city expenditures is up for consideration, for a campaign of education on the primary importance of sufficient health service appropriations. There is no minimizing the need for protection of property against fire and thieves and no depreciating the urgent requirement for better safeguarding of persons against crime. But it is the last word in futility to protect property which its owners cannot enjoy for want of health and comfort or to save persons from violence only to subject them to chances of death or disability from preventable disease.

"Akron, by reason of the perpetual 'turn-over' in her population, has one of the greatest, if not the greatest, public health problems of any city in the United States. Her congestion of population, her extremely rapid development and the cosmopolitan variety of her inhabitants, present a field for achievements in public health service offered hardly anywhere else in America.

"The Evening Times ventures a suggestion that the budget-making powers of the city, while apportioning finances to meet the new year's needs, should keep in mind the primary essential of every humane and enlightened community—public health."

—Fifty members of the Columbus Kiwanis Club have organized a health club. They will meet regularly and compare muscles.

OHIO HOSPITAL NOTES

—Dr. Frank L. Farman has succeeded Dr. Nelson H. Young as assistant superintendent at the Toledo State Hospital.

—With the completion of the Mary Burton Lyon annex to Ashtabula General Hospital, at an approximate cost of \$29,000, the capacity of the hospital is increased from 40 to 65. During the past year 142 medical, 26 obstetrical and 807 surgical cases were handled at the institution. The cost of operating and maintenance was \$28,000. Plans are now being considered for the building of a contagion section. A gift of \$5,000 was recently given to the hospital.

—The annual report of the superintendent of Salem Hospital for 1917 shows that 917 persons, an average of 34 daily, were treated at a cost of \$2.47 per day. Seven hundred and forty-one were discharged as cured, 84 improved, 12 not improved, while 54 died at the institution. Of the cases treated, 406 were medical, 469 surgical, 42 obstetrical. One hundred and seventy-three were children's cases.

—At a meeting of the Medina Hospital Fund Committee, January 31, it was unanimously voted to raise \$25,000 for the purchase, equipment and maintenance of a hospital. A company will be incorporated.

—Drs. William E. Hover and T. K. Jacobs have been elected president and vice-president, respectively, of the board of directors of Lima City Hospital.

—It is possible that the building of Good Samaritan Hospital at Sandusky may not be undertaken at present on account of the high cost of materials. The committee has \$107,000. Bids are being requested.

—Dr. W. D. Woodmansee of Circleville has been appointed to the staff of Washington C. H. hospital and will move there.

—Geneva's new Community Hospital is ready for use. The campaign for funds netted \$22,000, equal to \$10.00 per person. The hospital, which is a remodeled dwelling house, contains two operating rooms, wards for twenty patients, laundry, dormitories for nurses and other modern equipment.

—One hundred and twenty-five nurses, 100 medical students and interns at Cincinnati General Hospital submitted to vaccination during late January.

—The proposed district tuberculosis hospital under consideration by Erie, Huron, Lorain, Ottawa and Sandusky counties seems doomed to fail because of the heavy bonded indebtedness of Huron and Lorain counties. Commissioners of those two counties hold that they should not incur this expense in view of the fact that the

death rate from tuberculosis now ranks third in that district while it formerly ranked first. They recognize the need of the institution, however, and state their willingness to co-operate when their finances are in better shape.

—Officers of the new McKinley Hospital at Columbus have been announced as follows: Chief of staff, Dr. F. F. Lawrence; general manager, Rev. W. E. Fetch; president, E. F. Shaffer; vice-president, D. H. Baker; secretary, Raymond Zirkel; treasurer, Howard C. Park.

—Mansfield's new General Hospital will be ready for occupancy March 1. Reports of the operation of the Emergency Hospital for 1917 showed that 268 patients had been cared for at a per capita cost of \$2.84 per day. Two hundred and thirty-three operations were performed.

—The Columbus city council has been urged to take immediate steps to locate and construct the isolation hospital for which \$25,000 was voted two years ago. Ohio State University trustees recently refused campus room for the institution.

—Dr. S. R. Geiser was elected president of the Bethesda Hospital staff, Cincinnati, at the annual meeting. These were made members of the staff: Drs. Henry Wilms, Howard Fishback, Howard Schell, C. E. Geiser, E. O. Smith, E. B. Shewman and D. O. Jones.

—Dr. Hugh R. Brownlee, superintendent of Eddy Road Hospital, Cleveland, announces that that institution will hereafter be known as St. Mark's Hospital.

—The twenty-eighth annual report of Miami Valley Hospital, Dayton, shows the past year to have been one of marked success. Seven thousand and eleven patients were cared for, 2,213 surgical operations performed and 477 obstetrical cases. This required 72,442 days' nursing at an expenditure of \$154,107.06. The hospital shows a deficit of \$18,500 due partly to the fact that the increased prices of food and supplies have raised the daily per capita cost from \$1.74 to \$2.10, and mostly to the fact that the city of Dayton pays only 92c per day for the care of its charity patients while the actual cost of such care is more than double that amount. Work on the new nurses' home is well under way and the building will be completed early this year.

—The main building of McKittrick Hospital, Kenton, was formally opened for the reception of patients January 1. The building accommodates ten patients. The brick addition, now in process of construction, will be ready for use in early March and will increase the capacity of the institution to about twenty patients.

—A department for the treatment of children was opened in the new addition to Mercy Hospital, Columbus, January 1. Patients up to 12 years are admitted for both medical and surgical care, but especial attention is given to chil-

dren under two years. Dr. A. G. Helmick, specialist in diseases of children, is in general charge and Miss Ethel Leslie of Boston is superintending the work of the department.

—Dr. J. H. Jacobson has resigned from the staff and board of St. Vincent's Hospital, Toledo.

—Three additions to the staff of Robinwood Hospital, Toledo, are announced. They are Dr. Ben Gillette, surgery; Dr. Kurt Becker, gynaecology and obstetrics; Dr. Summer Teter, diseases of children.

—Canton city council recently appropriated \$2,000 for the remodeling of a house to be used as a hospital for contagious diseases.

—The Cleveland department of educational extension of the public schools has established classes for 60 boys and girls, who, through accident or sickness, are confined to Lakeside Hospital. It is expected that classes will be established in other hospitals in the near future.

—The name of Kellar Hospital at Ironton has been changed to "The Marting," taking the name of its owner, Dr. W. F. Marting, who is now in military service.

—Establishment of a district tuberculosis hospital is under consideration in a district composed of Crawford, Hancock, Seneca, Wood and Wyandot Counties.

—Mayor Davis of Cleveland recently expressed himself as opposed to a plan advocated by the faculty of Western Reserve Medical College to broaden its executive control in connection with the management of the City Hospital by giving it a deciding voice in the selection and retention of the heads of that institution.

—Geneva's new Community Hospital was formally opened to the public, January 1.

—Work on the new Maternity and Children's Hospital, to be located on the site of the present Toledo Maternity Hospital, will be started immediately. The institution will care for mothers and babes and serve as a training school for nurses.

Electricity and Radium

Both of these remedial agents have passed through the "novelty" stage and are now being used and endorsed by hundreds of medical men of unquestioned standing and ability. Electricity and radium already have an important place in modern medical practice. But, without doubt, much is yet to be learned about their value in therapy.

If these two modalities can do even a part of what is claimed for them, then physicians should qualify themselves by reading, investigation and installation of equipment to use them in their practice, when indicated. The physician's obligations to his clients, no less than his duty to himself, require this.

In addition to the many and varied uses for which physicians have found electricity of value in medical science, they are now employing it extensively for commercial purposes, such as

electric vehicles, lighting and telephone systems for offices, homes, sanitations, hospitals and public institutions.

As a remedial agent, radium is coming into use more and more by physicians, particularly in sanitariums and hospitals. In many internal, as well as external, conditions, radium is recognized as an important therapeutic agent.

The editorial staff of this Journal—your Journal—is in full sympathy with this movement, and invites frequent contributions in the way of case reports, discussions, and other clinical notes for publication. It is also hoped that arrangements can be made for having at least one paper on each of these subjects for our next, as well as subsequent, annual state meetings.

The more progressive manufacturers have rendered valuable service to the profession by collecting clinical data and publishing it in the form of reprints for free distribution to interested physicians. The reprints are, of course, in addition to their regular catalog literature, and may be obtained for the asking.

In this issue we print the advertising announcement of firms dealing in radium and electrical equipment. We recommend them to your careful attention.

Small Advertisements of Interest

Wanted—To buy office and residence, centrally located, town of 10,000 to 35,000. Will pay \$5,000 to \$10,000. Address H, care of *The Journal*.

For Sale—One of the best opportunities in Northwestern Ohio to get right into a first-class village and country practice. Business will easily run about \$4500.00 cash per year. Will give this chance to the physician who purchases my house and office combined. Reason for selling: I have a commission in the Medical Reserve Corps and must report for active duty ere long. Address, Dr. O., care of *Ohio State Medical Journal*.

Location for Physician—Small town in Eastern Ohio, near Martins Ferry. Medical and surgical practice of surrounding country, four nearby towns and three large industrial plants yielded the physician who left for military service between six and seven thousand dollars per year. The community needs the services of a first-class physician-surgeon badly. Write G. M., care *The Journal*.

Wanted to Buy—Vibrator in good condition for office treatments in nervous case. Dr. G. W. Keil, 207 E. State Street, Columbus. Phone, Main 47.

For Sale—Physician's residence, with office and garage. In a town of 1500 inhabitants, eight miles from city, 30 minute traction service. No opposition. Industrial commission work will easily amount to \$1,000 per year. Reason for selling, entering military service. Address J. L. C., care *The Journal*.

Proposed New Constitution and By-Laws to Be Acted on at the Next Annual Meeting

At the Springfield session the House of Delegates voted unanimously to authorize the president to appoint a committee of three to "recast the Constitution and By-Laws of the State Association with a view to the present and future needs of the Association" and to present such final revision at the 1918 session of the House of Delegates for final adoption after prior publication in *The Journal*.

President Smith promptly appointed Dr. John Thompson, Cincinnati, chairman; Dr. J. E. Tuckerman of Cleveland and Dr. Dan S. Gardner of Massillon—three members who have had long and intimate connection with the development of the Association.

These men have worked for months on their task. It has been hard work. They not only have eliminated from the old regulations the inconsistencies and duplications, but have laid in the new document the ground work for the future development of the Association along the lines that have met with general approval in recent years—and have attracted national attention to the "Ohio plan."

In accordance with their instructions, they herewith present their revised tentative draft for your consideration.

It will be presented at the Columbus meeting this year for your final consideration—as a substitute for the present constitution and all pending amendments.

We suggest that you read it carefully.

Constitution

ARTICLE I.

The name and title of this organization shall be THE OHIO STATE MEDICAL ASSOCIATION.

ARTICLE II.

The purpose of this Association shall be to federate and bring into one compact organization the entire medical profession of the state of Ohio, and to unite with similar organizations in other states to form the American Medical Association; with a view to the extension of medical knowledge, and to the elevation of the standard of medical education, and to the enactment and the enforcement of just medical laws, to the promotion of friendly intercourse among physicians, and to the guarding and fostering of their material interests; and to the enlightenment and direction of public opinion to the great problems of state medicine; so that the profession shall become more capable and honorable within itself, and more useful to the public in the prevention and cure of disease, and in prolonging and adding comfort to life.

ARTICLE III.

Component societies shall be those county med-

ical societies which hold charters from this Association.

ARTICLE IV.

SECTION 1. This Association shall consist of members, delegates and guests.

SEC. 2. The members of this Association shall be the members of the component county medical societies. No member shall be accredited to this Association except through membership in the county society in whose jurisdiction he resides.

SEC. 3. Delegates shall be those elected in accordance with this constitution and these by-laws to represent the component county societies in the house of delegates of this Association.

SEC. 4. Any non-resident physician or any eminent scientist may become a guest during any annual session upon invitation of the Association or its council, and may be accorded the privilege of participating in the scientific work.

ARTICLE V.

The house of delegates shall be the legislative and business body of the Association, and shall consist of (1) delegates elected by the component county societies, and (2) the officers of the Association.

ARTICLE VI.

SECTION 1. The Association shall hold an annual session, during which there shall be at least two general meetings, open to all registered members, delegates and guests.

SEC. 2. The time and place for holding each annual session shall be fixed by the house of delegates.

SEC. 3. Special sessions of either the Association or the house of delegates may be called by a two-thirds vote of the council or by order of the president with the approval of the council or upon petition by twenty delegates.

ARTICLE VII.

SECTION 1. The officers of this Association shall be a president, a president-elect, a treasurer, a medical editor and ten councilors, and subject to the provision of the by-laws a president emeritus may be elected.

SEC. 2. The president shall serve one year and shall be succeeded by the president-elect. The treasurer and the medical editor shall each be elected for a term of three years. The term of office of councilors shall be two years, five to be elected each year. If a president emeritus be elected he shall serve in that capacity for a period of one year. All of these officers shall serve until their successors are elected.

SEC. 3. The officers of this Association, shall be elected by the house of delegates on the afternoon of the second day of the annual session. No person shall be eligible to an elective office who has not been a member of this Association during the preceding two years.

ARTICLE VIII.

SECTION 1. The house of delegates shall provide funds for the expenses of the Association, (1) by a per-capita assessment upon each of the county societies, (2) by voluntary contributions, (3) from the profits of its publications and from other sources.

SEC. 2. Money may be appropriated by the house of delegates: (1) to meet the expenses of the annual sessions; (2) for the necessary traveling and other expenses of the officers; (3) for publication and for such other purposes as will promote the welfare of the Association and of the profession.

ARTICLE IX.

At any general meeting of the Association it may, by a two-thirds vote, order a general referendum upon any question pending before the house of delegates, and the house of delegates may, by a similar vote of its own members, submit any such question to the membership of the Association for a final vote; and if the persons voting shall comprise a majority of all the members of the Association a majority of such vote shall determine the question, and be binding upon this Association.

ARTICLE X.

The Association shall have a common seal, with the power to change or renew the same at pleasure.

ARTICLE XI.

The house of delegates may amend any article of this constitution by a two-thirds vote of the delegates and officers registered at that annual session, provided that such amendment shall have been published in the journal of the Association four months and two months before the annual session, and that it shall have been sent officially by the executive secretary to each component county society at least two months before the annual session at which final action is to be taken.

By-Laws

CHAPTER I.

SECTION 1. All members of the component county societies shall have the right to attend all meetings and to take part in all of the scientific proceedings of the annual sessions.

SEC. 2. The name of a physician upon the properly certified roster of members, of a component county society, who has paid his annual assessment, shall be prima facie evidence of his right to register at the annual session.

SEC. 3. No person who is under sentence of suspension or expulsion from any component society of this Association, or whose name has been dropped from its roll of members, shall be entitled to any of the rights or benefits of this Association.

SEC. 4. Each member in attendance at the annual session shall register. When his right to

membership has been verified by reference to the records of the Association, he shall receive a badge, which shall be evidence of his right to all the privileges of membership at that session.

CHAPTER II

SECTION 1. This Association shall be divided into the following sections:

1. General Medicine, Pathology and Physiology.
2. General Surgery and Gynecology.
3. Obstetrics and Pediatrics.
4. Dermatology, Genito-Urinary Diseases and Proctology.
5. Eye, Ear, Nose and Throat.
6. Nervous and Mental Diseases.
7. Hygiene and Sanitary Science.

SEC. 2. The officers of each section shall be a chairman and a secretary. Each shall serve for one year, or until his successor has been elected.

SEC. 3. The election of officers of the sections shall be the first order of business of the second meeting of the sections at each annual session of the Association.

SEC. 4. Each section shall have an executive committee which shall consist of the chairman and two members elected by the section.

SEC. 5. Each section shall hold its first meeting at such time as the council shall direct, and each subsequent day at 9 a. m. until the program is completed. But no section meeting shall be allowed to conflict with a general meeting.

SEC. 6. Titles of papers to be presented to the section must be in the hands of the secretary of the section at least sixty days before the first day of the annual session. The title must be accompanied by an abstract of the paper, which shall contain not less than thirty, nor more than one hundred and fifty words.

SEC. 7. Each section may make by-laws for its own government, provided that they shall in no way conflict with this constitution and by-laws.

CHAPTER III.

SECTION 1. The general meetings shall be open to all registered members and guests. Before them at such time and place as may have been arranged shall be delivered the annual address of the president and the annual orations.

SEC. 2. Unless changed by special vote by the members of the section present, the order of exercises, papers and discussions as set forth in the official program shall be followed from day to day until completed.

SEC. 3. No address or paper before the Association, except those of the president and orators, shall occupy more than twenty minutes in its delivery, and no member, except by unanimous consent, shall speak more than once in the discussion of any paper.

SEC. 4. All papers read before this Association shall be its property. Each paper shall be

deposited with the executive secretary when read. Authors shall not cause papers read before this Association to be published as original elsewhere, nor until after they have been published in the official journal of the Association.

CHAPTER IV.

SECTION 1. The house of delegates shall meet annually at the time and place of the annual session of this Association, and shall hold its first meeting on the first day of the session. If the business interests of the Association require, the house of delegates may meet in advance, or remain in session after the final adjournment of the general session.

SEC. 2. Each component county society shall be entitled to a representative in the house of delegates for every 100 full paid, active members of the Association, or fraction thereof.

SEC. 3. A majority of the registered delegates and officers shall constitute a quorum. All of the meetings of the house of delegates shall be open to members of the Association.

SEC. 4. The house of delegates shall have charge of all matters pertaining to the Association which are not expressly delegated in this constitution and by-laws to the officers or committees of the Association.

SEC 5. The house of delegates shall elect representatives to the house of delegates of the American Medical Association in accordance with the constitution and by-laws of that body.

SEC. 6. The house of delegates shall, upon application to and recommendation by the council, provide and issue charters to county societies organized to conform to this constitution and by-laws. The charter shall be signed by the president and executive secretary. The house of delegates shall have authority to revoke the charter of any component society whose actions are in conflict with this constitution and by-laws.

SEC. 7. In sparsely settled sections the house of delegates shall have authority to organize the physicians of two or more counties into societies to be designated by hyphenating the names of two or more counties so as to distinguish them from district and other classes of societies, and these societies, when organized and chartered, shall be entitled to all the privileges and representation provided herein for county societies, until such counties may be organized separately.

SEC. 8. The house of delegates shall divide the counties of the state into ten councilor districts.

A district society may be organized in any of these districts to meet at such a time or times as the society may fix between the annual sessions of the State Association.

The presidents of the county societies in each district shall be the vice-presidents of such district societies.

SEC. 9. The house of delegates may appoint any member in good standing in the Association

to serve on any committee created for a special purpose. All members of committees who are not members of the house of delegates shall have the right to present their reports, in person, to the house of delegates, and to participate in the debate thereon, but shall not have the right to vote.

CHAPTER V.

SECTION 1. The house of delegates on the first day of the annual session shall elect a committee on nominations consisting of ten delegates, one from each councilor district. The committee on nominations shall report the result of its deliberations to the house of delegates in the form of a ticket containing the names of three members for the office of president-elect, and of one member for each of the other offices to be filled at that annual session and may report the nomination of a president emeritus. No two candidates for president-elect shall be from the same district, and each candidate for councilor must be a resident of the district for which he is nominated.

SEC. 2. The report of the nominating committee and the election of officers shall be the first order of business of the house of delegates after the reading of the minutes at the second session of the house.

SEC. 3. All election of officers shall be by ballot and a majority of the votes cast shall be necessary to elect except for the office of president emeritus and delegate to the American Medical Association. In case no nominee receives a majority of the votes on the first ballot, the nominee receiving the lowest number of votes shall be dropped and a new ballot taken. This procedure shall be continued until one of the nominees receives a majority of all the votes cast, when he shall be declared elected. In case no delegates or alternates for the American Medical Association receive on the first ballot a majority of the votes, the nominees shall be declared elected in the order of the highest number of votes received, until the allotted number shall have been chosen. In case of a tie vote for delegate or alternate, the tie shall be determined by lot.

When a candidate for president emeritus has been nominated by the committee on nominations, or has been nominated from the floor during the session at which the vote for other officers is taken, it shall require to elect, a two-thirds vote of all delegates present at that session.

SEC. 4. Nothing in this chapter shall be construed to prevent additional nominations being made by members of the house of delegates.

CHAPTER VI.

SECTION 1. The president shall preside at all meetings of the Association and of the house of delegates. He shall appoint all committees for the selection of which other provision is not made.

He shall deliver an annual address at such time, during the annual session, as may be ar-

ranged. He shall give a deciding vote in case of a tie.

He shall be ex-officio the chairman of the council, and shall perform such other duties as parliamentary usage may require.

He shall be ex-officio a member of council for a period of one year immediately succeeding his term of office.

The necessary traveling expenses incurred by the president in the line of duties herein imposed may be allowed by the auditing and appropriation committee, but this shall not include his expenses in connection with the annual session of this Association.

SEC. 2. The president-elect shall be, ex-officio, a member of the council, and with the members of the council shall assist the president in the discharge of his duties during the annual sessions of this Association. If the office of president should become vacant the president-elect shall succeed to the presidency.

SEC. 3. The treasurer shall give bond, at the expense of the Association, for such an amount as shall be required by the council. He shall be the financial agent of the Association. He shall receive all funds due the Association from every source whatever (except accounts due the journal in the conduct of its business). He shall deposit the funds in a bank of deposit in the name of the Ohio State Medical Association. He shall keep a complete set of books concerning the receipts and expenditures (except those of the journal) of the Association. He shall, under direction of the house of delegates, sell or lease any estate belonging to the Association and execute the necessary papers. He shall pay money out of the treasury upon voucher as directed by the auditing and appropriation committee (Chapter VIII, Section 6), and shall render a monthly trial balance of his accounts to the chairman of the auditing and appropriation committee and to each member of the council.

SEC. 4. The executive secretary shall be ex-officio the secretary of the Association and all of its committees. He shall be the executive agent of the Association transacting its business under the direction of the officers of the Association. He shall collect all dues from members of the Association through the secretaries of the component societies, and pay them to the treasurer. He shall be the business manager and news editor of the journal. He shall pay over the profits of the journal at the end of each fiscal year, or whenever ordered to do so by the auditing and appropriations committee or by the house of delegates. Whenever the income of the journal does not meet its expense, he shall make requisition, which must be approved by the auditing and appropriations committee, on the treasurer for the necessary amount. He shall have charge of the business offices of the Association and may employ such aid as shall be authorized by council.

He shall be custodian of all record books and papers belonging to the Association (except those of the treasurer). He shall provide for the registration of the members and delegates to the annual sessions. He shall provide for the reporting of the proceedings of the several sections. He shall conduct the official correspondence, notifying members of meetings, officers of their election, committees of their appointment and duties, and shall perform such other duties as may be assigned to him by the house of delegates. He shall give bond, at the expense of the Association, for such amount as shall be required by council.

SEC. 5. The medical editor of the journal shall prepare for publication all addresses and papers read at the general meetings of the Association or at the meetings of the sections. He shall prepare a monthly digest of medical literature for publication in the journal.

SEC. 6. The office of president emeritus may be filed by the house of delegates at each annual session and shall be regarded as purely honorary and in recognition of unusually distinguished ability or service by the member so honored.

CHAPTER VII.

SECTION 1. The council shall hold daily meetings during the annual session of the Association and at such other times as necessity may require, subject to the call of the chairman, or on petition of three councilors. It shall meet on the last day of the annual session of the Association for re-organization. At this meeting it shall elect a secretary and it shall keep a permanent record of its proceedings. It shall make an annual report to the house of delegates.

SEC. 2. Each councilor shall be organizer, peacemaker and censor for his district. He shall visit each county in his district at least once each year for the purpose of organizing component societies where none exist, for inquiring into the condition of the profession, and for improving and increasing the zeal of the county societies and their members, and to keep in touch with activities of and aid in the betterment of the various societies. He shall make an annual report in writing to the council, and this report shall be published in the journal before the annual meeting. He shall assist or relieve the president when called upon to do so during the annual sessions of this Association. The necessary traveling expenses incurred by each councilor in the line of duties herein imposed may be allowed by the committee on auditing and appropriations, but this shall not include his expenses in attending the annual session of the Association.

SEC. 3. Collectively, the council shall be the board of censors of the Association. It shall consider all questions involving the right and standing of members, whether in relation to other

members, to the component societies, or to this Association. All questions of an ethical nature brought before the house of delegates or the general meeting shall be referred to the council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members or of a county society. Its decision in all cases shall be final. It shall be the executive body of the house of delegates and shall, between sessions, act in its stead and with the powers conferred on the house of delegates by this constitution and by-laws.

SEC. 4. The council shall by appointment fill any vacancy in office occurring in the interval between the annual meetings of the house of delegates. The appointee shall serve until the election of a successor.

SEC. 5. The council shall determine the character and scope of the scientific proceedings of the Association for each session, subject to the provisions of the constitution and by-laws. Thirty days previous to each annual session, it shall prepare and issue a program, announcing the order in which papers, discussions and business of the house of delegates shall be presented. This program shall be adhered to by the Association as nearly as practicable.

SEC. 6. Council shall have the authority and power to employ the executive secretary, who need not be a physician nor a member of the Association, and to determine his tenure of office.

SEC. 7. The salaries of all officers and employees of the Association shall be fixed by council.

SEC. 8. Council shall provide such State Association headquarters as may be required to properly conduct the business of the Association.

CHAPTER VIII.

SECTION 1. The standing committees shall be as follows:

- A Committee on Public Policy and Legislation.
- A Committee on Publication.
- A Committee on Medical Education.
- A General Secretaries Committee.
- A Committee on Auditing and Appropriations.
- A Committee on Medical Defense.
- A Committee on Medical Economics.
- A Member of the National Legislative Council.

A Committee on Arrangements, and such other committees as may be necessary. These committees shall be elected by the house of delegates, unless otherwise provided.

SEC. 2. The committee on public policy and legislation shall consist of three members and the president, president-elect, and executive secretary. There shall be a joint meeting of this (the State committee) and the auxiliary committee, held annually, and as may be ordered on the call of the chairman or three members of the state committee. The chairman of the state committee, and in his absence the president,

shall act as chairman at the joint committee meetings. Under the direction of the state committee, the joint committee shall represent the Association in securing and enforcing legislation in the interest of public health and of scientific medicine. The chairman of this committee shall be ex-officio a member of the national legislative council.

SEC. 3. The member of the national legislative council shall represent the Association at the annual conference of the national legislative council of the American Medical Association, and shall discharge such duties as may be prescribed by the constitution and by-laws of the American Medical Association.

SEC. 4. The committee on publication shall consist of three members, of which the medical editor shall be chairman, and shall have referred to it all reports on scientific subjects, and all scientific papers and discussions heard before the Association. It shall be empowered to curtail or abstract papers and discussions, and any paper referred to it which may not be suitable for publication in the journal may be returned to the author. The committee shall have authority to arrange for the publication and distribution of the journal.

SEC. 5. A standing committee of three on Medical Education shall be appointed by the president. This committee shall arrange for lectures on medical topics for the profession in Ohio. It shall co-operate with the national council on medical affairs.

SEC. 6. The general secretaries committee shall consist of three county secretaries and ex-officio the president-elect of the State Association. The committee shall be appointed by the president. It shall be the duty of the committee to devise ways and means of assisting and stimulating the work of the county secretaries, to assist or suggest in the arrangement of programs for county meetings, to formulate and supply or suggest letters or other means of assisting the county secretaries in increasing the membership of their respective societies.

SEC. 7. The president shall appoint three members of the council, a committee on auditing and appropriations. The duties of this committee shall be: To prescribe the method of accounting and to audit any or all accounts of the Ohio State Medical Association in all its activities. The committee shall prepare annually a budget apportioning the estimated income for the year to the necessary estimated expenditures. Any surplus or balance of funds for the year shall go into the general fund for reappropriation. Money not especially appropriated shall be known as a contingent fund and may be drawn upon for unforeseen emergencies on an order from the council.

SEC. 8. The committee on Medical Defense shall consist of three members, one of whom shall

be elected annually by the house of delegates, to serve three years. This committee shall prepare plans and establish rules for the defense of members of this Association against whom suits for civil malpractice have been brought. It shall assist in the defense of any member sued for civil malpractice if the member was in good standing and had complied with the rules of the committee when the service on account of which suit was brought, was rendered. There shall be one member elected annually by each component society to serve as auxiliary to said committee.

SEC. 9. The Committee on Arrangements shall consist of three members of council to be appointed by the president of the Association, at least six months in advance of the date of the annual meeting, and this committee shall designate as an auxiliary committee on arrangements, the members of the component society of the county in which the annual session is to be held. The auxiliary committee shall by committees of its own selection provide suitable meeting places for the various sessions, and shall have general charge of all local arrangements subject to the approval of the committee on arrangements. All receipts accruing from the annual session shall be turned over to the committee on arrangements, and all expenditures in connection with the meeting shall be authorized and approved by the committee. Immediately following the annual session, the committee on arrangements shall forward to the treasurer of the State Association any accumulated balance or shall meet any deficit by application to the committee on Auditing and Appropriation.

SEC. 10. The Committee on Medical Economics shall consist of three members. It shall investigate all matters affecting the economic status of physicians and shall report annually to the house of delegates such recommendations as may, in its judgment, seem proper.

SEC. 11. The reports of the standing committees and councilors shall be published in the official journal of the month preceding the date of the annual session of this Association, and these reports must be in the hands of the executive secretary by the first of that month.

CHAPTER IX.

SECTION 1. The annual dues and assessments shall be determined by the house of delegates and shall be levied per capita on the members of the Association, and shall be payable on or before January 1st of the year for which they are levied. The secretary of each component society shall cause to be collected and shall forward to the offices of the Association the dues and assessments for its members, together with such data as shall be required for a record of its officers and membership. Not later than thirty days prior to the annual meeting he shall forward a list of delegates and alternates entitled to sit in the house of delegates from the component

society.

SEC. 2. The record of payment of dues and assessments on file in the offices of the Association shall be final as to the fact of payment by a member and as to his right to participate in the business and proceedings of the Association or the house of delegates.

SEC. 3. For purposes of medical defense a member shall be deemed in arrears from and during the period from January 1st of the current year until his dues and assessments have been received at the offices of the Association, from the secretary of the component society of which he is a member.

SEC. 4. Any county society which fails to make the reports required, at least thirty days before the annual session of the State Association, shall be held suspended, and none of its members or delegates shall be permitted to participate in any of the business or proceedings of the Association or of the house of delegates.

CHAPTER X.

The ethical principles governing the members of the American Medical Association shall govern members of this Association.

CHAPTER XI.

The deliberations of this Association shall be governed by parliamentary usage as contained in Robert's Rules of Order, unless otherwise determined by a vote of its respective bodies.

CHAPTER XII.

SECTION 1. All county societies now in affiliation with the State Association or those that may hereafter be organized in this state, which have adopted principles of organization not in conflict with this constitution and by-laws shall, upon application to the house of delegates, receive a charter from this Association.

SEC. 2. As rapidly as can be done after the adoption of this constitution and by-laws, the council shall have authority to organize a medical society in every county in the state in which no component society exists.

SEC. 3. Only one component medical society shall be chartered in each county.

SEC. 4. Each county society shall judge of the qualifications of its members. Every reputable and legally qualified physician who does not practice, nor profess to practice sectarian medicine, and who is not affiliated with any organization which aims to foster an exclusive dogma in therapeutics, and who is a bona fide resident of the same county, shall be eligible to membership. Where it is more convenient for a member to attend the meetings of the component county society in an adjoining county he may, upon request of the society in the county of his residence, be transferred and accredited to said adjoining county society, as an active member.

SEC. 5. Any physician who may feel aggrieved by the action of the society of his county in refusing him membership, or in suspending or ex-

pling him, shall have the right to appeal to the council.

SEC. 6. In hearing appeals the council may admit oral or written evidence as in its judgment will most fairly present the facts, but in the case of every appeal both as a board and as individuals the councilors shall, preceding all such hearings, make efforts at conciliation and compromise.

SEC. 7. When a member in good standing in a component county society moves to another county in this state, he shall be given a written transfer by the secretary of his society, without cost, which shall admit him to membership in the component society in the county to which he moves, provided said transfer is filed with the secretary and submitted to the society within ninety days after his removal.

SEC. 8. Each county society shall have general direction of the affairs of the profession in the county, and its influence shall be constantly exerted for bettering the scientific, moral and material condition of every physician in the county. Systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it includes every eligible physician in the county.

SEC. 9. At some meeting in advance of the annual session of this Association, each county society shall elect a delegate or delegates to represent it in the house of delegates of this Association in the proportion of one delegate to each 100 members, or fraction thereof, and the secretary of the society shall send a list of such delegates to the executive secretary of this Association, at least thirty days before the annual session.

SEC. 10. The secretary of each county society shall keep a roster of its members, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this state, and such other information as may be deemed necessary. He shall send a copy of the program of each county meeting to his district councilor, and one copy to the state executive secretary.

SEC. 11. At the November or December meeting, each component society shall appoint one of its members as a member of the auxiliary committee on public policy and legislation, and the secretary shall send his name and address at once to the executive secretary of the State Medical Association. The committee on public policy and legislation of the State Medical Association shall formulate the duties of this auxiliary committee and supply each member with a copy.

CHAPTER XIII.

These By-Laws may be amended at any annual session by a majority vote of the delegates present at that session, if the proposed amendment has been published in the journal two months before the annual session.

Dr. Wishard Honored

The one hundred and seventy-fourth session of the Union Medical Association of the Sixth Councilor District was held in the Chamber of Commerce, Canton, on February 12, 1918. The president called the meeting to order at 10:30. After routine work was cared for the following program was carried out: "Medical Work at Camp Sheridan as I Saw It," Dr. J. G. Wishard, Wooster; "Infected Tonsils and Their Sequelae," Dr. L. E. Brown, Akron; "Lesions of the Prostate and Their Treatment," Dr. H. P. Pomerene, Canton.

The members were then invited out to a noon-day luncheon, the guests of the president, Dr. George F. Zinninger. Reassembled at 1:30.

The secretary in his annual report stated that the history of the Sixth Councilor District was commensurate with the times—perturbed, deranged and distressed. Owing to war conditions we were obliged to omit the August meeting altogether and the November meeting was poorly attended. Doctors didn't know "just where they were at" so no one felt like promising a part of the program. The Sixth District has contributed its full quota for war service, which makes us both sad and glad—sad because of the sorrow it brings to so many hearts and homes, and yet glad because we are all proud of their stand for world democracy. The treasurer's report showed a balance of \$156.00.

Dr. John G. Wishard of Wooster was elected president for the ensuing year, and Dr. J. H. Seiler of Akron was re-elected secretary-treasurer.

The president read a telegram from Dr. James F. Baldwin of Columbus, expressing regret at his inability to be present. Dr. Baldwin was scheduled to speak on "The Doctor Who Thinks." Dr. Henry Klar Yaggi of Salem read a most interesting paper on "Hospital Standardization." It was so full of common sense and practical ideas that the society voted to request its publication in our *State Medical Journal*.

Arrangement for the place of the August meeting was left with the executive committee.

J. H. Seiler, Secretary.

Columbus—Dr. E. O. Smith, president of the Ohio State Medical Association gave an illustrated address before the General Practitioners' Society in this city, December 27. Election of 1918 officers resulted as follows: President, Dr. R. B. Taylor; vice-president, Dr. Austin B. Hutt; secretary-treasurer, Dr. George Keil. Members expressed themselves in favor of using but one telephone as a war-time economy measure. At the society's annual banquet, January 10, Dr. C. F. Hoover of Cleveland, who recently returned from European battlefields, spoke.

War Notes

The Council of National Defense has authorized the Medical Section to organize a volunteer Medical Service Corps composed of physicians not eligible for the Medical Officers' Reserve Corps, for the purpose of establishing a medical organization to meet such civic and military needs as are not already provided for.

The rules for the formation of this corps and the application forms are now in the printer's hands and will be distributed as soon as received. A designated mark has been authorized so that the members of this corps can be recognized as having offered their services to our country in these times of need.

Colonel Charles Willcox (Army Medical Corps) left Columbus Barracks, February 13, to take up his duties at Camp McClellan, Annistown, Alabama. Colonel Willcox has been in command of the hospital at the Columbus post for four years, having come from Fort Sheridan, Illinois, in 1913. He has a wide acquaintance among Ohio Medical men, and leaves a large circle of warm friends.

Hamilton County commissioners placed a valuation of \$300,000 on the county infirmary property which is being considered by the government as a site for a reclamation and reconstruction hospital. The property is on the tax duplicates for \$454,000 and the reduction was made through patriotic reasons and the fact that Cincinnati will benefit by the location of the hospital there.

Dr. William H. Vorbau, lieutenant, Medical Officers' Reserve Corps, who has been attached to the staff of Lima State Hospital, went into active service at Fort Oglethorpe, Georgia, January 27.

Dr. and Mrs. William H. Lewis of Newark left March 1 for France. Dr. Lewis went as a member of a Red Cross commission of five which will investigate medical problems among the civilian population. Mrs. Lewis will enter the Red Cross nursing service.

Welcoming a probe of the health conditions at the Chillicothe cantonment, as proposed in a resolution before Congress, the base hospital January 17 announced that less than eight per cent. of its patients afflicted with pneumonia die. Records of the registrar show that of 44 deaths in the hospital since the cantonment was opened, 23 died from pneumonia. There were four deaths from meningitis, four from blood poisoning, three from acute alcoholism and two from suicide. Twenty-four selected have gone insane and have been sent home or to asylums since September.

Dr. E. C. Ludwig of Columbus, captain, Medical Officers' Reserve Corps, left Columbus Barracks February 4, for Camp Hancock, Augusta, Georgia, to which he has been assigned for temporary duty.

A bill has been presented to Congress which provides for the establishment of an Army Pharmaceutical Corps. The new chemist corps would serve as an aid to the medical division, taking charge of all dispensing, purchasing and supervision of medicinal, surgical and hospital supplies for the medical department, thereby relieving physicians of pharmaceutical duties and making it possible for them to devote all their time to strictly medical duties. It is said that the new division would add materially to the efficiency of the Medical Corps, and benefit the civilian population by reducing the number of physicians required for military service.

Captain John D. O'Brien of Canton has been appointed division neurologist and psychiatrist of the 83d Division of the National Army, attached to the Division Surgeon's staff at Camp Sherman.

Dr. Oscar H. Sellenings of Columbus, who went to France sometime ago to engage in Red Cross service, was one of a party of nine sent to assist the Italians after their retreat before the recent German-Austrian drive. Dr. Sellenings was one of the first Americans to reach Italy and he reports to Columbus friends that they are "out to win."

In a letter to a Massillon friend, Dr. J. J. South, lieutenant, Medical Officers' Reserve Corps, now serving in France, says that during a recent engagement he was a German prisoner for a short time, but succeeded in making his escape.

Dr. H. M. Pearce of Urbana, former lieutenant in the Medical Officers' Reserve Corps, has been promoted to the rank of captain.

Dr. Samuel W. Kelley of Cleveland has returned after eight months' service on the Western Front. He warns us that "if we don't finish this fight over there, we will have to finish it here."

After a six weeks' course in surgery at the Mayo Clinic, Dr. H. M. Osborne of Youngstown, captain, Medical Officers' Reserve Corps, has been assigned to duty at Camp Bowie, Fort Worth, Texas.

"German doesn't know what it is to be sportsman-like," declared Major C. F. Hoover of Cleveland, returned recently from service in France, in an address before the General Practitioners' Society at Columbus, January 10, in which he told of the use of gases by the Teutons.

A letter from Dr. Charles W. Moots, former councilor for the Fourth District of the Association, now surgical director of the Toledo Naval Unit, discloses the fact that his organization went into commission on January 24, with Medical Director Normal J. Blackwood, U. S. N. R. F., commanding, and Surgeon W. H. Smith, U. S. N. R. F., as executive officer. The staff is as follows: Surgeon Charles W. Moots, Organizing Director and Surgical Chief. Dr. Moots personally cares for all general surgery and supervises the X-Ray, eye, ear, nose and throat and genito-urinary wards' work. Surgeon P. Bruce Brockway, Toledo, Medical Chief. Dr. Brockway also supervises pathological work and isolation ward. Past Assistant Surgeon Louis M. Dolloway (Toledo), Roentgenologist. Past Assistant Surgeon Robert H. Butler (Toledo), eye, ear, nose and throat. Assistant Surgeon Thomas L. Ramsey (Toledo), Pathologist. In addition there are a number of medical assistants from the regular naval service. According to Dr. Moots, his hospital is 460 feet long, thoroughly equipped and capable of going anywhere. It will eventually accommodate 700 patients.

Nurses and physicians of Huron Road Hospital, Cleveland, gave a farewell banquet, January 15, in honor of Dr. Henry C. Prill, lieutenant, Medical Officers' Reserve Corps, who left for Fort Riley, Kansas, two days later.

Canton's offer to organize and equip a base hospital unit for service overseas has been rejected by the government with the explanation that in the future all base hospital units will be organized within the Surgeon General's Office. A letter from Major W. H. Sumter of the Surgeon General's Office, expresses appreciation of Canton's offer and urges nurses of that city to enlist for service wherever needed, saying that as far as possible their wishes to serve in cantonments or abroad would be respected.

Dr. Charles H. Wells of Columbus, who is now in training at Camp Waco, Texas, has been promoted from the rank of lieutenant to that of captain.

Dr. F. R. Dew of Belle Valley, former lieutenant, Medical Officers' Reserve Corps, has been promoted to captain of Motor Ambulance Company No. 127, stationed at Camp McArthur, Waco, Texas.

Dr. S. J. Goodman of Columbus, captain, Medical Officers' Reserve Corps, left the Columbus Barracks, February 7, to begin special temporary work at Rockefeller Institute, New York. From there he has been ordered to Camp Wadsworth, Spartansburg, South Carolina.

Monsieur Chirurgon-Chef Skeel

The *Cleveland Medical Journal* prints the following note from Dr. R. E. Skeel, who has been "over there" for a year, and who likes it:

"After spending about three months in the Blake Hospital, our army took hold of me with a long arm and strong hand and fired me down here in the trench lines as a loan to the Red Cross, to reorganize a somewhat disorganized hospital which was at times directly in the line of fire, but from which the Germans have been pushed back several miles. I expect to get it going in a week or two. I shall have a mixed staff of some French and one or two Americans under me when the new barracks are all up and a new operating "luit" erected, the latter being done by the Red Cross. About ten trained nurses, ten doctors, and fifty male French orderlies will be my complement of personnel to man 300 beds. As I am absolutely in the French zone des Armes, I am under a combination of U. S. Army, French military and Red Cross auspices, and hardly know just what to call myself, although my French colleagues use the term 'Monsieur Chirurgon-chef.'

"Have a beautiful locality without a suggestion of war about it, as we are back from the main road. However, when I try to get very far away there is a decided reminder that it really is war, and I am sticking pretty close to my job, excepting when necessity for consulting architects, engineers and appliance people takes me into Paris, and when I travel in that direction I am going directly away from trouble and not towards it. However, I have had a few exciting moments, but nothing that made my pulse run up to over 150 at any one time.

"How long I shall remain at this particular place is a conundrum which will not be solved until our own men get into action, when that long arm may reach out after me again, or it may desire me to stay where I am and make as good a Frenchman of myself as possible. That is, of course, wholly immaterial, but I do like the looks of the boys in khaki, behind the stars and stripes, even though they had only three months' experience in training.

"I have written this letter full of I's and what I am doing because I am not permitted to write of other things. I am permitted, however, to say that I never was as well in my life and am enjoying this respite from private work, and think I should enjoy it to the end, even if I knew what and when that was to be, which are decided uncertainties; but the 'game is worth the candle,' in any event, so that I am quite contented.

"Yours sincerely,

"SKEEL."

Orders to Ohio Physicians

The following is culled from the official orders issued by the Surgeon General's office, to February 9, and shows the movements of Ohio physicians called to active service:

To Austin, Texas—Captain W. J. Manning, Cleveland.

To Berkeley, California—Lieutenant J. C. Edwards, Columbus.

To Boston, Massachusetts—Captain J. G. Martin, New Concord; Lieutenant G. A. Havemann, New Bremen.

To Camp Beauregard, Alexandria, Louisiana—Lieutenant Samuel Zielonka, Cincinnati.

To Camp Bowie, Fort Worth, Texas—Lieutenant Paul A. Murr, Galion.

To Camp Custer, Battle Creek, Michigan—Captain F. D. Ferneau, Toledo.

To Camp Hancock, Augusta, Georgia—Captain E. C. Ludwig, Columbus.

To Camp Joseph E. Johnston, Jacksonville, Florida—Lieutenant Richard E. Stifel, Cleveland.

To Camp Kearny, Linda Vista, California—Lieutenant Edward McD. Cass, Utica.

To Camp Lewis, American Lake, Washington—Lieutenants C. G. LaRocco, Cleveland; C. F. Morris, Youngstown.

To Camp McArthur, Waco, Texas—Captain John E. Miller, Payne; Lieutenant David A. Tucker, Jr., Cincinnati; Elmer E. Lynch, Mt. Victory.

To Camp Meade, Annapolis Junction, Maryland—Lieutenant W. N. Taylor, Columbus.

To Camp Pike, Little Rock, Arkansas—Major E. F. McCampbell, Columbus.

To Camp Sevier, Greenville, South Carolina—Captain J. A. Link, Springfield; Lieutenant T. A. Graven, Wooster.

To Camp Shelby, Hattiesburg, Mississippi—Captain S. S. Wilcox, Columbus; Lieutenant Z. O. Sherwood, Geneva.

To Camp Sherman, Chillicothe, Ohio—Lieutenants H. W. Honeck, Ridgeville Corners; J. M. Hoskins, Marion; C. A. Mooney, Youngstown; J. D. Nourse, Kenton; C. A. Stammel, Jr., Cincinnati.

To Camp Taylor, Louisville, Kentucky—Captain Charles N. Paul; Lieutenant Charles E. Kiely, Cincinnati.

To Camp Upton, Long Island, New York—Lieutenant Sidney C. Venable, Cleveland.

To Camp Wadsworth, Spartansburg, South Carolina—Lieutenant C. D. Hamilton, Canton.

To Central Department (for assignment to duty)—Lieutenant Paul Morrison, Tiltonville.

To Chicago, Illinois—Captains John A. Caldwell, Cincinnati; John V. Hartman, Findlay; Lieutenants D. B. Virtue, Iberia; C. C. Hatfield, Kingston; L. E. Stutsman, Dayton.

To Fairfield, Ohio (Wilbur Wright Field)—Lieutenant W. D. Bishop, Hollansburg.

To Fort Des Moines, Iowa—Lieutenant Joseph Ulrich, Akron.

To Fort Leavenworth, Kansas—Captain J. F. Elder, Youngstown.

To Fort Monroe, Virginia—Lieutenant H. A. Lichtig, Cleveland.

To Fort Oglethorpe, Georgia—Lieutenants R. C. Austin, Dayton; C. R. Deeds, Dalton; C. K. Ervin, Cincinnati; V. J. Fruth, Fostoria; I. J. Ransbottom, Coldwater; W. N. Rogers, Hamilton; L. B. Sherry, J. P. Tucker, Cleveland; Henry Snow, Jr., Norwood; W. H. Vorbau, Lima.

To Fort Riley, Kansas—Captains E. R. Brooks, Cleveland; L. R. Fast, Paulding; Lieutenants U. M. Bachman, P. C. Gauchat, H. C. Prill, Cleveland; R. P. Bausch, H. E. Brooks, F. T. Gallen, Columbus; C. W. Beaman, Cincinnati; E. D. Allen, Crooksville; R. C. Ash, Ashland; J. G. Ballou, Graytown; W. E. Beach, Somerville; Byron Bing, Pomeroy; D. M. Blizzard, Portsmouth; I. H. Boesel, McClure; J. D. Boylan, Milford Center; J. Craig Bowman, Upper Sandusky; W. E. Dapp, Youngstown; B. P. Davis, Fort Jennings; C. H. Graf, Sciotoville; S. J. Havre, Kenmore; C. A. Henry, Jr., Fostoria; F. A. Lawrence, Elyria; R. E. Wells, Nashport.

To Fort Sam Houston, Texas—Lieutenant Henry J. John, Salem.

To Newport News, Virginia—Lieutenants C. J. Roach; Zanesville; C. L. Story, Oberlin.

To Lakewood, New Jersey—Captain Paul J. Collander, Ashtabula.

To Philadelphia, Pennsylvania (duty in connection with gas defense service)—Captains J. D. Pilcher, Cleveland; (*University of Pennsylvania*) J. E. Pirrung, Cincinnati; W. B. Turner, Youngstown.

To Rockefeller Institute, New York City—Captain H. T. Miller, Springfield; Lieutenants J. H. Warren, Columbus; H. K. Mouser, Marion.

To San Antonio, Texas—Lieutenants W. H. Hatfield, Cincinnati; J. A. Baylea, Toledo.

To San Francisco, California—Lieutenant C. D. Todd, McComb.

St. Louis, Missouri (Washington University Medical School)—Captain I. I. Yoder, Cleveland.

To Washington, D. C. (American University)—Captain J. D. Pilcher, Cleveland.

To West Point, New York—Captain Paul G. Woolley, Cincinnati.

To Home (honorably discharged)—Lieutenants J. R. Crum, Forest; G. E. Calhoun, Uhrichsville; R. M. Fulwider, Zanesville; R. W. Faus, Wellington; F. R. Makemson, Bellefontaine; F. E. Snider, Madisonville.

Dr. H. W. Shaw of Junction City, who has been on duty at Camp Lee, Virginia, has been promoted from the rank of lieutenant to that of captain.

THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

ADAMS COUNTY

Crawford, Treher C. West Union
 Ellison, S. J. West Union
 Kennedy, Edwin J. Peebles
 Irwin, J. W. Seaman
 Irwin, R. W. E. Manchester
 Sproull, O. T. West Union

ALLEN COUNTY

Lima

Basinger, H. L. Longworth, M. J.
 Black, William Pfeiffer, Albert
 Bradfield, I. C. Sihert, A. V.
 Chenoweth, O. E. Sinke, E. D.
 Hay, Virgil H. Tallman, Claude A.
 Herr, Albert H. Vorbau, W. H.
 Hibbard, Burt Wagner, M. A.
 Johnson, J. R. Weadock, E. G.
 King, G. W.
 Gamble, Charles D. Spencerville
 Miller, G. E. Spencerville
 Soash, M. D. Bluffton
 Steiner, Josiah S. Bluffton
 Wolfe, John R. Delphos

ASHLAND COUNTY

Ashland

Ash, Ray C. Patton, C. C.
 Mohr, D. C. Powell, Otho J.
 Heyde, Jacob M. Loudonville

ASHTABULA COUNTY

Ashtabula

Burroughs, S. H. Pardee, A. H.
 Collander, Paul Stewart, Neville E.
 Crosby, Charles C. Wynkoop, R. B.

Conneaut

Leet, W. H. Watson, F. L.
 Warner, Otto N. Wilson, Harold
 Dickson, O. A. Jefferson
 Graham, O. L. Kinsville
 Lewis, George W. Pierpont
 Sherwood, G. O. Geneva
 Thompson, Frank E. Geneva

ATHENS COUNTY

Athens

Andrews, C. H. Hooper, E. L.
 Crawley, J. R. LeRoy, Bernard R.
 Douthitt, C. M. Merwin, J. T.
 Farmer, A. G. Oshorn, F. A.
 Crossen, K. T. Albany
 Danford, V. G. Trimble
 Flinn, George E. Amesville
 Harper, E. D. Guysville
 McLaughlin, P. R. Guysville
 Pedigo, S. E. G. Marshfield
 Sprague, Wiley T. Chauncey

AUGLAIZE COUNTY

Anderson, W. M. Wapakoneta
 Day, J. M. Waynesfield
 Deerkake, W. A. St. Marys
 Haveman, George A. New Bremen
 Mueller, C. L. Wapakoneta
 Noble, Harry Spencer. St. Marys

BELMONT COUNTY

Barrett, Park M. St. Clairsville
 Evans, Forest M. Bellaire
 Judkins, R. J. Barnesville
 Perry, J. C. Shadyside
 Wilson, Harry E. Martins Ferry
 Wright, Fred S. Bellaire

BROWN COUNTY

Chaney, Herbert M. Sardinia
 Jackson, E. H. Georgetown
 Tyler, George P., Jr. Ripley

BUTLER COUNTY

Hamilton

Graft, John A. Rogers, W. N.
 Griffith, W. E. Smedley, C. D.
 Beach, Wilbur E. Somerville
 Burdsal, R. E. Seven Mile
 Hawley, Paul R. College Corner
 Murat, Halstead S. Middletown
 Wilke, A. B. Oxford

CARROLL COUNTY

Hathaway, J. J. Carrollton
 Rheil, J. A. Malvern
 Shipley, R. T. Carrollton

CHAMPAIGN COUNTY

Harrell, Martin E. Woodstock
 Middleton, A. H. Cable
 Pearce, H. M. Urbana
 Smith, M. L. Urbana

CLARK COUNTY

Springfield

Andre, Robert M. Ort, Wallace A.
 Hamma, C. B. Rind, Robert C.
 Link, J. A. Syman, L. L.
 Miller, Harry

CLERMONT COUNTY

Kennedy, Edw. J. Milford
 Mitchell, Thomas A. Owensville
 Roberts, David M. New Richmond
 Terwilligar, Clyde B. Milford
 Wakefield, J. D. Loveland

CLINTON COUNTY

Brown, Henry M. New Vienna
 Conard, Robert Blanchester
 Hicks, W. M. New Vienna
 Martin, A. B. Blanchester
 Scott, Verner T. Clarksburg

COLUMBIANA COUNTY

Leetonia

Crane, James D. Harman, Howard E.
 Conrad, S. A. Hennen, Leroy S.

Salem

Cruikshank, Alexander Miles, F. T.
 John, Henry J. Thompson, R. B.
 McGeorge, James M. Yaggi, H. K.
 Andrews, O. P. East Liverpool
 Bailey, C. H. East Liverpool
 Bennett, H. W. Lisbon
 McCutcheon, M. D. East Liverpool
 McHenry, Joseph B. Hanoverton
 Mellon, J. A. Columbiana

COSHOCK COUNTY

Cureton, B. F. Walhonding
 Keenan, W. H. Coshocton
 Lower, J. D. Coshocton
 Wilson, Thomas R. Bakerstown

CRAWFORD COUNTY

Bucyrus

Burrell, G. O. Gordon, Harold J.
 Carlisle, W. G. Koch, W. A.
 Caton, Russel J. Lingenfelter, C. A.

Galion

Helfrich, M. L. Mandeville, C. C.
 Kring, John B. Murr, Paul A.
 Harris, Ralph R. Crestline

CUYAHOGA COUNTY

Cleveland

Aland, Albert H. Driver, James R.
 Allen, Maurice L. Dwyer, William E.
 Andrews, Fred L. Eisenhower, A. B.
 Avellone, Joseph C. Feiss, Henry O.
 Bachman, Ulysses M. Flak, John A.
 Ballard, Homer C. Forbes, Roy P.
 Barney, William R. Fried, Amos E.
 Beach, John L. Gauchat, Paul C.
 Bell, Leo P. Graci, Frank P.
 Blankenhorn, M. A. Gibson, Frank S.
 Bogart, Clark S. Gill, William C.
 Boutwell, Joseph H. Glass, George F.
 Bowers, Charles A. Goodman, Charles
 Boykin, John T. Goodman, Isadore J.
 Brainard, Albert J. Goschantz, P. C.
 Bray, Charles M. Graham, Allen
 Brock, Samuel Grossman, A. B.
 Brooks, Ernest R. Grossman, Royal G.
 Bruner, William E. Haeefe, George L.
 Bubis, Jacob L. Harrison, B. I.
 Burhans, Charles W. Harter, James H.
 Burstein, Theodore Haas, Ferdinand F.
 Bunts, F. E. Heahler, Locke E.
 Callaghan, A. E. Herrick, Frederick C.
 Carson, Paul C. Herrick, H. Burt
 Chamberlain, Wilson S. Hickin, F. W.
 Champlin, H. D. Hill, Walter C.
 Christie, C. D. Hinton, Drury
 Clarke, Robert Hoover, C. F.
 Colvin, Byron B. Horr, William H.
 Cook, Alva D. Jackson, Theron S.
 Cooper, Frederick S. Jasinski, I. E.
 Cranmer, Linus R. Jones, Albert L.
 Crile, George W. Jones, Arthur S.
 Crooks, John H. Jones, Frank H., Jr.
 Crum, John R. Jones, N. M.
 Culer, Frederick A. Jones, Thomas E.
 Cutler, Franklin E. Karsner, Howard
 Darby, John C. Kelly, S. W.
 Davidson, Paul F. Kendall, P. G.
 Davis, Howard H. Kennerdell, Thomas R.
 Denison, Adam B. Kline, David R.
 Dexter, Richard Kramer, James G.
 Dippol, Arthur L. Krauss, L. W.
 Dows, Edward D. Krehs, Paul H.

THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

LaRocco, Charles G.
 Lichtig, Henry A.
 Lichty, M. J.
 Linden, J. E.
 Lower, William E.
 Lowry, W. P.
 MacDonald, D. M.
 MacFarland, C. H., Jr.
 Mahrer, Max
 Manning, W. J.
 Marine, David
 Matuska, Ignatius W.
 Mayer, Nevvin C.
 McClelland, Joseph E.
 McGav, N. P.
 McMillen,
 McNamee, Edgar P.
 McRae, Floyd W., Jr.
 Meek, John A.
 Merrill, Leslie S.
 Miller, Joseph E.
 Monihan, J. R.
 Moore, Paul G.
 Morrill, Gordon N.
 Mosiman, Roscoe E.
 Mowry, Floyd S.
 Mulky, Carl
 Murphy, Patrick S.
 Musner, Harvey H.
 Neary, Edward P.
 Neitz, Eugene P.
 Neubauer, Bernard B.
 Nichols, William S.
 Norlin, Campbell F. G.
 Norton, James T.
 O'Brien, Martin A.
 O'Malley, George P.
 Osario, Vasco E. M.
 Ossman, Lawrence N.
 Oster, Lewis A.
 Paryzek, Harry
 Paul, Leslie J.
 Perkins, Roger G.
 Percy, Harry D.
 Pilcher, James D.
 Placak, J. C.
 Prill, Henry C.
 Quigley, William J.
 Ravitz, Leonard R.
 Raycraft, L. J.
 Reese, David L.

Breck, Theodore Brecksville
 McClain, Alvah S. Lakewood
 Thompson, Ralph B. Solon
 Wakefield, E. F. Chagrin Falls

DARKE COUNTY

Bishop, W. D. Hollansburg
 Hunter, Matthew C. Greenville
 Husted, E. G. Greenville
 Sarver, A. F. Greenville
 Sullivan, Charles P. Burkettsville
 VanLue, J. W. Gettysburg

DEFIANCE COUNTY

Cass, James W. Farmer
 Kettredge, M. R. Evansport
 Stephen, Joseph E. Jewell

DELAWARE COUNTY

Day, Charles A. Ashley
 McCarty, Isaac T. Galena
 Miller, Floyd V. Delaware
 Postle, Franklin D. Delaware
 Robinson, G. E. Ostrander
 Weller, V. B. Delaware

ERIE COUNTY

Fenker, William T. Sandusky
 Graefe, Henry, Jr. Sarchet, Hugo N.
 Lebliek, F. J. Southwick, P. F.
 Houghtaling, F. M. Huron
 Humphreys, Daniel W. Cedar Point
 Manning, George W. Kelleys Island

FAIRFIELD COUNTY

Bone, P. S. Lancaster
 Hamilton, C. H. Lantz, James M.
 Brown, Carl W. Bremen
 Coleman, William R. Sugar Grove
 Fishel, C. R. Thurston
 Lutz, Fred A. Amanda

Reeve, George H.
 Reich, Rudolph S.
 Rice, Franklyn A.
 Richardson, Maurice L.
 Robinson, Andrew S.
 Robinson, Elan T.
 Rohland, William F.
 Rogers, W. B.
 Ruh, Harold O.
 Sanford, H. L.
 Schlink, Henry A.
 Schwarz, Edwin G.
 Shale, R. J.
 Sheets, Lorin G.
 Sherman, H. G.
 Sherry, Leroy B.
 Shube, Herman
 Shupe, T. P.
 Sill, Ralph H.
 Skeel, R. E.
 Sloan, Harry G.
 Smith, John R.
 Southwick, A. A.
 Spurney, Anton B.
 Steel, John M.
 Stifel, Richard E.
 Stone, Alvin A.
 Stone, Charles W.
 Stoner, W. C.
 Stotter, A. L.
 Strauss, Abraham
 Thomas, Meethyn
 Thompson, Raymond L.
 Tippie, John W.
 Townsend, Oscar E.
 Treister, C. D.
 Tucker, J. P.
 Ulrich, Joseph M.
 Updegraff, R. K.
 Venable, Sidney C.
 Wagner, Harold F.
 Wahl, Harry
 Walker, Thomas E.
 Ward, Harry H.
 Weihrauch, H. V.
 West, J. Hubert
 Williams, R. W.
 Wolf, E. E.
 Wychgel, James N.
 Yoder, I. I.
 Zinner, Nicholas L.

FAYETTE COUNTY

Washington, C. H.
 Baughn, Harry A.
 French, John H.
 Hall, Fred E.
 Hodson, Herman O.
 Howell, Luther P.

FRANKLIN COUNTY

Columbus

Adams, Richard O.
 Adel, E. E.
 Alhanese, N. A.
 Alcorn, John B.
 Allbritain, James W.
 Boucher, H. E.
 Bausch, Robert P.
 Boudreau, F. G.
 Brehm, G. W.
 Brooks, H. E.
 Burkett, Dora V.
 Clouse, K. A.
 Dawson, Dudley T.
 Denser, Clarence H.
 Dodd, Verne A.
 Duffee, W. E.
 Dunn, J. M.
 Dysart, N. C.
 Eckstorm, J. B. C.
 Edelman, Samuel D.
 Edwards, J. C.
 Elder, R. P.
 Faulder, George B.
 Forman, J.
 Gallen, F. T.
 Gilliam, D. B.
 Goodman, S. J.
 Gordon, Elijah J.
 Hamilton, Charles S.
 Hancey, Forest C.
 Hauer, A. M.
 Hindman, Samuel
 Hixson, A. H.
 Hoskins, G. O.
 Hugger, C. C.
 Johnson, Romeo A.
 Jolley, Roy F.
 Jones, Daniel W.
 Jones, E. B.
 Jones, W. I.
 Junkermann, Edgar N.
 Keiser, Jay G.
 Kerschner, J. E.
 Kessler, John
 Lawrence, F. F.
 Lawrence, Gerald P.
 Lehmberg, Charles E.
 Lehner, Charles S.
 Ludwig, E. C.
 Markwith, R. E.
 Maxwell, Charles L.
 McCafferty, Lawrence
 McCampbell, E. F.
 McClelland, C. E.
 McDowell, John R.
 McKay, Walter H.
 McNerney, Joseph D.
 Means, Jack
 Millhon, W. F.
 Morgan, W. H.
 Moynan, R. S.
 Oelgoetz, A. W.
 Osborn, Morse F.
 Owen, G. F.
 Pfeifer, C. E.
 Postle, C. D.
 Postle, H. V.
 Reel, Phillip
 Roach, Charles J.
 Russell, Lecky H.
 Schaeffer, G. C.
 Scheib, John P.
 Seeds, A. H.
 Sellenings, Oscar H.
 Shaffer, Edwin F.
 Shaffer, Elgie R.
 Sharp, C. E.
 Sheetz, J. W.
 Shoemaker, Abram J.
 Small, Victor R.
 Smith, Edward E.
 Smith, C. T.
 Snively, Harry H.
 Strausbaugh, H. D.
 Sullivan, Timothy J.
 Taylor, W. N.
 Thornton, R. A.
 Turner, J. A.
 Van Dyke, Frank S.
 Vornholt, M. T.
 Warren, John R.
 Wells, C. H.
 Wilcox, S. S.
 Williams, Fred
 Wilson, Philip D.
 Winders, Frank
 Wright, H. R.
 Wood, E. C.

Postle, Robert S. Shepard
 Renner, John W. Hilliards

FULTON COUNTY

Evers, William Tedrow
 Hartmann, Carl F. Wauseon
 Maddox, W. H. Wauseon
 Murbach, Clarence F. Archbold
 Renolds, Ralph W. Fayette
 Stewart, N. E. Wauseon
 Wilkins, Archibald M. Delta

GALLIA COUNTY

Barth, Karl H. Gallipolis
 Clark, John W. Vinton
 Rose, E. J. Gallipolis

GAUGA COUNTY

Rohm, A. F. Montville
 Myler, T. F. Burton
 Williams, A. D. Huntsburg

GREENE COUNTY

Darnell, William T. Xenia
 McClellan, Ben R. Shields, L.
 Farmer, Alfred G. Messenger, H. C.
 Smith, Simpson A. Fairfield
 Whitaker, Harry O. Cedarville
 New Burlington

GUERNSEY COUNTY

Danford, V. H. Byesville
 Kackley, Ellis D. Cumberland
 Lane, Fred W. Cambridge
 Skeen, Carroll H. Seneca

THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

HAMILTON COUNTY Cincinnati

Applegate, Matthew M.
Bachmeyer, Arthur C.
Bader, Ellis
Baker, E. B.
Baehr, E. M.
Beaman, Charles W.
Benjamin, Julian
Bentley, James M.
Betzner, C. W.
Biern, Oscar B.
Brown, Herbert A.
Brummett, J. S.
Buff, Julian H.
Byrne, John F.
Caldwell, J. A.
Carothers, Ralph
Carroll, Harry R.
Cole, A. P.
Colter, Philip
Cragg, Harry C.
Crawford, Clay
Cristen, T. A.
Cross, Frank B.
Cullen, William C.
DeNeen, D. D.
Devers, Albert B.
DeVita, Michael R.
Dryer, Charles S.
Dunton, A. H.
Ervin, Charles K.
Fayen, Emmet
Feid, Louis, Jr.
Fennel, Eric A.
Foertmeyer, W. A.
Ford, Starr
Francis, Robin W. C.
Freiberg, A. H.
Friedlander, Alfred O.
Freyhof, William L.
Gath, Phillip
Geringer, Albert O.
Gieseler, R. J.
Gillespie, William
Gaston, Raymond E.
Gray, Edward B.
Hagen, J. Stewart
Hall, Joseph A.
Handley, Daniel C.
Hardinger, Ralph W.
Hauser, Selmar
Hendley, Frank W.
Heizer, Lewis W.
Hendley, Frank W.
Hofmann, A. P.
Hofmann, W. J.
Holmes, C. R.
Johnston, A. R.
Juettner, Otto
Keller, N. H.
Kelley, Thomas
Kiely, C. E.
King, Edward
Koch, Arthur E.
Knauf, Arthur R.
Kuch, Edward
Lamb, Benjamin
Layport, William L.
Lee, Duke
Cadwallader, J. C.
Klein, Elmer A.
Snider, Frank E.
Snow, Henry
Swing, Fred
Tate, Ralph B.

HANCOCK COUNTY Findlay

Balsley, Alfred W.
Cooper, Elwin H.
Firmin, John M.
Hartman, John V.
Keator, Warren B.
Pennington, P. C.
Van Horn, A. M.
Todd, C. D.

HARDIN COUNTY Kenton

Belt, LeRoy L.
Nourse, John D.
Snodgrass, Frank B.
Crum, John R.
Evans, Roy K.
Lynch, Elmer E.
Talbot, J. E.
Smith, Samuel C.
Wisely, Allen N.
Phillips, D. P., Jr.
Schutte, R. G.
Forest
McGuffey
Mt. Victory
Alger
Ada
Ada

Lehman, B. F.
Lindenberger, L. N.
Luehrs, L. E.
Maddox, Robert D.
Maertz, Charles
Mann, Harry F.
Martin, Earl A.
Matuska, Anthony
McCarthy, Merrick T.
McGrath, E. R.
Mehan, George T.
Metz, Charles W.
Moloney, Louis
Morris, Roger
Muck, Edward
Mytinger, Walter
Neal, Charles A.
Norris, Benjamin
Odom, Stanley G.
Asmond, A. E.
Owry, Franklin J.
Paden, Russell H.
Paul, Charles M.
Peterson, Marcellus L.
Pirrung, J. Edward
Place, Philip
Querner, Louis A.
Ramsey, Allen
Ransohoff, J. Louis
Rhodes, G. B.
Robbins, E. C.
Ross, William L., Jr.
Rupp, Dennis
Sattler, Ray
Sauer, F. J.
Schriver, L. H.
Schroeder, John H.
Shamansky, H. S.
Shank, Reed
Shearer, C. C.
Silberstein, Emanuel L.
Smith, A. H.
Snell, Albert F.
Souther, C. T.
Southworth, J. Rufus
Spelman, John D.
Staley, R. W.
Stambury, Henry
Stammell, Charles A.
Steinharter, E. C.
Strobach, George
Taylor, Neil E.
Tharn, Silas P.
Tomassene, Raymond A.
Topmoeller, W. J.
Tucker David A., Jr.
Urner, M. H.
Vance, William K.
Van Voast, R. A.
Wakefield, J. D.
Ware, H. J.
Weintz, C. H.
Whitacre, Marion
Woodward, Henry L.
Woolley, Paul G.
Wottring, Louis C.
Zielonka, Samuel

HARRISON COUNTY

Curtis, W. H. H.Piedmont
McGrew, J. A.New Athens
Spence, W. S.Germano

HENRY COUNTY

Boesel, I. H.McClure
Earp, James F.Holgate
Garwood, George E.Colton
Haag, Henry P.Liberty Center
Harrison, C. M.Napoleon
Homeck, Herman W.Ridgeville Corners
Norris, O. L.Deshler
Rohrs, Henry F.Napoleon

HIGHLAND COUNTY

Ambrose, W. H.New Petersburg
Frame, J. H.Highland
Larkin, J. C.Hillsboro
McAllister, J. L.Highland
Skeel, Carroll H.Greenfield
Varney, J. D.Greenfield

HOCKING COUNTY

Hayman, E. H.Murray City
Koppe, Harold F.Logan
Lyon, Claude C.Logan

HOLMES COUNTY

Olmstead, Atlee R.Millersburg
Putnam, IsaacMillersburg
Purdy, F. P.Killbuck

HURON COUNTY

Bell, Clement L. V.Fitchville
Coupland, James D.Norwalk
Cranston, Byron S.New London
Gill, Robert C.Norwalk
Mackintosh, Angus A.North Fairfield
Pilkey, Benjamin C.Monroeville
Reese, James W.New London
Sipher, John A.Norwalk

JACKSON COUNTY

Davis, Daniel W.Wellston
Evans, Walter E.Jackson
Gahn, Halder L.Jackson
Hunter, Johnson S.Jackson
Parker, W. H.Wellston

JEFFERSON COUNTY Steubenville

Biddle, James K.Jones, Thomas
Biddle, VictorMaxson, Charles W.
Clark, Roy S.Miller, James E.
Donehoo, W. S. P.Montgomery, J. R.
Erskine, DeMarrSaxton, S. W.
Atwell, Z. F.Amsterdam
Caldwell, John R.Rayland
Ferguson, G. A.Toronto
Huth, LeoFollansbee
McElroy, ThomasMingo Junction
Morrison, PaulTiltonville
Schilling, Robert W.Toronto
Sink, Oscar O.Smithfield

KNOX COUNTY Mt. Vernon

Blair, Harry W.Cooper, Fred S.
Clark, Edw. M.Pumphrey, J. M.
Claypool, John R.Workman, I. S.
Conard, Carrol D.
Norrick, John H.Fredericktown
Phillips, W. O.Centerburg

LAKE COUNTY

Barnett, G. F.Painesville
Davis, J. R.Painesville
Jones, E. S.Painesville
Winans, J. V.Madison

LAWRENCE COUNTY

Cass, Edward M.Utica
Crary, H. C.Millers
Henninger, O. H.Ironton
Marting, W. F.Ironton
Mayberry, Irvin W.Scottown
Rose
Stewart, Forrest R.Sheritt
Wiseman, OrlinPedro

LICKING COUNTY

Brown, James A.Newark
Lewis, W. H.Mitchell, L. A.
Turner, V. R.
Bozman, C. D.Hebron
Cass, E. M.Utica
Cook, Edgar P.Granville
Hixson, A. H.Johnstown
Johnston, E. H.Alexandria
Marriott, L. L.St. Louisville

THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

LOGAN COUNTY

Bellefontaine

Butler, Robert H. Pratt, Lester J.
 Carey, William H. Pratt, Malcolm L.
 Makenson, F. R. Pratt, Robert
 McCracken, A. J. Startzman, C. K.

Swan, G. H.

Croft, J. W. *West Liberty*
 Davis, Claude *East Liberty*
 Fulwider, Robert M. *Zanesfield*
 Hinkle, W. M. *DeGraff*

LORAIN COUNTY

Elyria

Gill, George Lawrence, Frank A.
 Hart, W. E. Metcalf, H. M.
 Hubbell, W. B. Sheffield, Edwin E.
 Kramer, J. C. Smith, Arthur B.
 Dager, W. F. *Lorain*
 Faus, Ralph W. *Lagrange*
 Gregg, Frank B. *Wellington*
 Story, C. L. *Oberlin*

LUCAS COUNTY

Toledo

Beckwith, Horace K. McCormick, Edward J.
 Belyea, James A. McGonigle, M. B.
 Berger, C. A. McNiery, F. B.
 Beverly, S. S. Meader, H. B.
 Booth, George B. Miller, Lawrence D.
 Bowen, R. B. Moor, Daniel C.
 Brewer, Lyman A. Moats, Charles W.
 Brockway, P. B. Munds, Carl C.
 Brown, Thomas H. Myers, Foster
 Cass, James W. Newberg, Frank L.
 Chollett, Burt G. Orwig, Earl
 Cole, Claude B. Peavy, Henry J., Jr.
 Conger, William W. Pilliod, Frank W.
 Dolloway, L. M. Price, H. L.
 Eyestone, Fred Rees, Owen C.
 Faber, Charles F. Ricard, William A.
 Ferneau, Frank D. Rieg, Phil W.
 Ficklin, Frank B. Rosenhlum, Herman G.
 Figley, Karl D. Russell, R. L.
 Foster, S. D. Salisbury, J. W.
 Gillette, Norris W. Schade, August H.
 Girardot, Adolph J. Selby, C. D.
 Goodyear, Lucius B. Shapiro, William M.
 Harrison, Jay M. Souder, Charles G.
 Harvey, John H. Stone, Willard J.
 Hayes, W. S. Strathmann, William H.
 Hein, Barney J. True, John Arthur
 Hetler, George A. Tucker, John P.
 Higgins, Thomas F. Whitwham, G. P.
 Iford, Daniel W. Wilson, Dale
 Johnson, Philip M. Williamson, H. W.
 Lawless, J. T., Jr. Zemar, Ralph H.
 Lawless, Robert E.

Comstock, R. W. *Maumee*
 Hayes, Harry S. *Whitehouse*

MADISON COUNTY

Christopher, Harry V. *London*
 Kerr, George M. *Lilly Chapel*
 Parker, John W. *London*
 Wittich, Roderick B. *Mt. Sterling*

MAHONING COUNTY

Youngstown

Allsop, W. K. King, Jonas E.
 Barrett, C. D. Love, William P.
 Beck, W. W. Mariner, James S.
 Bierkamp, F. J. McCurdy, S. M.
 Blaine, William M. McNamara, Frank W.
 Borden, P. G. Meyer, Nathan W.
 Brant, A. E. Mooney, C. A.
 Breese, Floyd P. Morrall, R. R.
 Buchanan, J. U. Morris, C. F.
 Bunn, W. H. Moses, C. H.
 Cameron, R. L. Neshitt, D. A.
 Clark, C. R. Nutt, George S.
 Cliffe, Earl Oshorn, H. M.
 Dapp, W. E. Painter, A. M.
 Dunn, George D. Phillips, D. B.
 Elder, J. F. Reed, C. M.
 Farley, David L. Reed, Colin M., Jr.
 Fenton, R. W. Sherbondy, J. A.
 Fitzpatrick, F. P. Smeltzer, D. H.
 Hanouff, A. P. Thomas, E. R.
 Hoshit, Dean A. Turner, W. B.
 Hudnut, O. D. Washburn, J. L.
 Jones, M. P. Wilson, B. W.
 Kaskinski, T. J. Wolfert, C. C.

MARION COUNTY

Marion

Hoskins, Jacob M. Tittsworth, Archie W.
 Mattox, S. W. Weeks, Dana O.
 Mouser, H. K. Weiser, Walter J.
 Rhu, H. S.

Hurd, B. B. *Caledonia*
 Marsh, Evert J. *Waldo*
 Shira, Donald *LaRue*

MEDINA COUNTY

Appleby, A. G. *Valley City*
 Brintnall, R. A. *Seville*
 Robinson, H. P. H. *Medina*

MEIGS COUNTY

Bing, Byron *Pomeroy*
 Crary, Herman L. *Letart Falls*

MERCER COUNTY

Rockford

Wickersham, James C. Wilson, Richard S.
 Wilcox, Richard C.
 Ayers, Frank E. *Celina*
 Brumm, Frederick H. *Coldwater*
 Gibbons, John T. *Celina*
 Leiser, William A. *Ft. Recovery*
 Ransbottom, I. J. *Coldwater*
 Schirack, C. J. *Coldwater*

MIAMI COUNTY

Caywood, James R. *Piqua*
 Haley, Michael R. *Piqua*
 Lindengerger, L. N. *Troy*
 Thomas, F. W. *Piqua*

MONROE COUNTY

Edwards, C. E. *Jolly*
 McVey, Edward F. *Clarington*
 Thomson, W. E. *Antioch*

MONTGOMERY COUNTY

Dayton

Austin, R. C. Kislig, Fred K.
 Baldwin, Ashton M. Kuhl, Albert F.
 Bayless, C. O. Lawson, J. K.
 Burnett, Harry W. Lyons, Clinton G.
 Carley, A. W. Mansur, William B.
 Cline, C. L. Mashburn, N. C.
 Coleman, C. A. McCally, Albert W.
 Crow, Allen G. McClellan, H. H.
 Denman, F. E. McKenny, J. W.
 Driscoll, F. J. Reck, H. W.
 George, J. C. Rounds, Frederick C.
 Giffin, Guy G. Salisbury, Frank L.
 Grove, Courtney P. Stutsman, L. E.
 Hendee, Walter W. Vega, Jaffrey J.
 Hewitt, Alchie E. Walkup, Thomas
 Kalter, G. E. Wood, Thomas M.
 Kelly, John E. Woodruff, Ralph L.

Dickinson, T. H. *Germantown*
 Hunt, Charles T. *Miamisburg*
 Travis, John L. *Germantown*

MORGAN COUNTY

Hill, J. F. *McConnelsville*

MORROW COUNTY

Bennett, W. S. *Cardington*
 Jackson, C. S. *Edison*
 Virtue, D. B. *Iberville*
 Meek, J. A. *Lorain*
 Mikolando, Otto *Lorain*
 Pease, R. A. *North Ridgeville*
 Powers, Harry W. *Amherst*
 Richardson, V. M. *Oberlin*
 Sponseller, Fred M. *Wellington*
 Wiseman, G. R. *Amherst*

MUSKINGUM COUNTY

Zanesville

Allen, S. L. O'Flaherty, A. E.
 Baron, Frederick S. Roach, C. J.
 Brush, E. R. Sellers, C. P.
 Fulwider, Robert M. Sutton, Thomas
 Higgins, Charles H. Walters, Alvin H.
 Loebl, Maurice *Somora*
 Martin, John G. *New Concord*
 Wells, Robert E. *Nashport*

NOBLE COUNTY

Dew, F. R. *Belle Valley*

OTTAWA COUNTY

Ballou, Justin G. *Graytown*
 Ingraham, Frederick D. *Curtice*
 Jordan, Aid B. *Marblehead*
 McCracken, Charles *Port Clinton*
 Starkes, C. C. *Port Clinton*
 Van Epp, Owen B. *Port Clinton*

PAULDING COUNTY

Fast, L. R. *Paulding*
 Miller, John C. *Payne*
 Mouser, Ray H. *Latty*

PERRY COUNTY

Allen, Edgar D. *New Lexington*
 Rurrell, Guthrie O. *New Lexington*
 McNeerney, N. H. *Corning*
 Shaw, H. W. *Junction City*
 Sommers, J. C. *Somerset*

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Tidd, E. W.Stockdale

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Gatchell, W. T.Ravenna
Gorham, B. E.Kent
Hull, George E.Mantua
Nichols, B. H.Ravenna
Pritchard, L. W.Ravenna

PREBLE COUNTY
Coombs, Jerrard W.Camden
Silver, H. Z.Eaton
Stewart, William T.Morning Sun

PUTNAM COUNTY
Davis, B. P.Ft. Jennings
Owens, Otto J.Ottawa
Siddall, John D.Kalida
Watterson, John D.Kalida

RICHLAND COUNTY
Mansfield

Davis, M. J.Remy, Edward
Findley, Samuel E.Smith, George S.
Mecklem, W. P.Wilmuth, C. S.
Nichols, J. H.Pavonia

Lavender, D. C.Shelby
Smith, W. A.Lexington
Stober, John F.Plymouth
Walker, C. S.Chillicothe

ROSS COUNTY
Dunn, A. H.Chillicothe
Hatfield, Charles C.Kingston
Holmes, R. W.Chillicothe
Lightner, Russell E.Kingston
Nisley, GlenChillicothe
Perry, Stephen W.Bainbridge
Scott, V. T.Clarksburg
Smith, W. B.Frankfort
Tinker, L. M.Frankfort

SANDUSKY COUNTY
Baker, E. A.Clyde
Deemer, W. R.Fremont
Eystone, A. G.Gibsonburg
Harding, Charles L.Bellevue
Kern, Peter E.Gibsonburg
McKenney Sherman.Fremont
Phillips, Merton O.Fremont
Trumbull, H. N.Woodville

SCIOTO COUNTY
Portsmouth
Blizzard, Donald M.Quinn, W. A.
Dawson, Challis H.Rapp, Harry F.
Keil, H. M.Kardin, J. S.
Mills, Alfred B.Robe, O. W.
Moore, A. R.Ruggles, S. D.
Mytinger, George S.Sciotoville
DeCrow, Reaves W.Sciotoville
Graf, Carl H.Sciotoville

SENECA COUNTY
Fostoria
Fruth, Virgil J.Johnston, Cecil
Hatfield, N. C.Leonard, William N.
Henry, C. A., Jr.Tiffin
Daniel, Charles F.Tiffin
Wenner, Henry L., Jr.Tiffin

SHELBY COUNTY
Connor, FranklinSidney
Englerth, BenjaminAnna
LeMaster, VernonSidney

STARK COUNTY
Canton

Danforth, M. E.O'Brien, John D.
Hamilton, Claude D.Todd, Joseph L.
Bernard, Benj. C.Alliance
Casey, L. E.Minerva
Dougherty, J. B.New Berlin
Holston, J. D.Massillon
Ramsey, P. M.Alliance
Scranton, Homer G.Alliance
South, John J.Massillon
Walker, C. A.Louisville

SUMMIT COUNTY
Akron
Amos, R. E.Grim, Jesse
Baremore, H. R.Haralson, C. H.
Barton, E. W.Heckert, H. R.
Clark, Lucien D.Hilborn, C. L.
Davis, Paul A.Hoffman, J.
Drury, Roy F.Hogue, Hal W.
Fox, W. L.Humphrey, L. B.
Gillespie, B. H.Logan, G. M.
Graham, S. H.Luce, R. V.
Gregg, R. A.Lybyer, P. C.

Magnus, A. P.Rogers, W. J.
McAdoo, S. E.Skeels, E. T.
McChesney, P. E.Smith, A. C.
Neiland, H. R.Smith, R. H.
Postle, R. S.Stewart, James E.
Power, R. E.Ulrich, Joseph M.
Rambo, E. F.Wharton, C. F.
Reichelderfer, V. D.Woodbury, Harry E.

Alspach, E. Z.Kenmore
Caines, J. W.Cuyahoga Falls
Gardner, G. E.Barberton
Havre, S. J.Kenmore
Long, P. B.Copley
Rodenbaugh, H. A.Barberton
Searl, William A.Cuyahoga Falls
Smallman, J. R.Barberton

TRUMBULL COUNTY
Warren

Ailes, M. D.Page, Harlan
Hoover, D. E.Waller, C. E.
Knappenberger, M. T.Wright, E. H.
Manley, O. T.Girard
Hunt, Fred C.Kinsman
Moore, L. G., Jr.Niles
Morrow, R. R.Bristolville
Thompson, J. E.Niles
Williams, C. C.Niles

TUSCARAWAS COUNTY

Calhoun, G. E.Uhrichsville
Coleman, H. A.New Philadelphia
Goudy, Rollin A.Newcomerstown
Guthrie, Gale C.Uhrichsville
Marquand, B. A.Canal Dover
Shawecker, K. E.New Philadelphia
Shawecker, MaxCanal Dover
Wilson, Roy A.Dennison

UNION COUNTY

Boylan, J. D.Milford Center
Calloway, F. C.Marysville
Goff, William M.Marysville
MacIvor, AngusMarysville

VAN WERT COUNTY

Church, Charles G.Lawhead, W. E.
Flemming, R. C.Leake, N. E.
Logan, ———

Hanna, MyronScott
Musgrave, A. C.Ohio City
Reed, F. E.Wren
Reeder, M. E.Ohio City
Roller, W. C.Wilshire

VINTON COUNTY

Cox, O. S.McArthur
Henry, W. H.Hamden

WARREN COUNTY

Krohn, C. P.Morrow

WASHINGTON COUNTY

Hill, Edgar W., Jr.Stewart, J. M.
Penrose, J. B.Williams, C. A. S.
Adair, FrankBeverly
Edwards, C. E.New Matamoras
Gale, LarryNewport
Sellew, TimothyWatertown

WAYNE COUNTY

Bertolette, Harry B.Shreve
Cohen, M. B.West Salem
Deeds, Charles R.Dalton
Foster, ThomasWooster
Graven, T. A.Wooster
Ice, K. C.Shreve
Smith, A. C.Wooster
Wahl, Edward W.Sterling

WILLIAMS COUNTY

Long, James W.Solier, Franz E.
Pemberthy, Jesse P.Snyder, Alva E.
Curl, GeorgeEdgerton
Patton, Homer H.Montpelier

WOOD COUNTY

Boyle, Frank V.Bowling Green
Gorsuch, George A.Rae, James W.
Harrison, A. M.Schrader, C. O.
Stove, Frank A.Custer
Biggs, I. L.Perryburg
Bowers, M. H.Prairie Depot
Carr, Lewis R.Grand Rapids
Peinert, EarlWeston
Wetherill, J. C.Weston

WYANDOT COUNTY

Bowman, J. C.Upper Sandusky
Kenan, FrederickNaus, Walter L.
Smith, Arthur N.Nevada
Griest, T. C.Carey
Van Buren, R. C.Carey

 ** MEETINGS OF CLEVELAND **
 ** ACADEMY OF MEDICINE **

(Report by C. L. McDonald, M. D., the Secretary)

The one-hundred and forty-fourth regular meeting of the Academy of Medicine was held Friday evening, January 18, 1918, at the Cleveland Medical Library. The president, Dr. George Edward Follansbee, in the chair.

The minutes of the previous meeting were read and approved. The minutes of the council meeting of January 8, 1918, were read and approved.

A communication from the Ohio State Medical Board asking the members of the Cleveland Academy of Medicine to co-operate in an effort to stamp out illegal practice of medicine and rid the state of all fraudulent practitioners was read. Dr. Follansbee said that he regretted that so important a communication could not be read to all the members of the academy, and requested those present to bring this matter to the attention of members who were absent.

The first paper of the evening, "Labor Injuries," was read by Dr. A. J. Skeel, and discussed by Drs. J. L. Bubis, J. E. Tuckerman, and G. E. Follansbee. Dr. Skeel closed the discussion.

The second paper, "Early Signs of Toxemia in Pregnancy," was read by Dr. A. F. Furrer, and discussed by Drs. J. E. Tuckerman, J. L. Bubis and A. J. Skeel. Dr. A. F. Furrer closed the discussion.

The last paper of the evening, "The Immediate Repair of the Cervix after Childbirth," was read by Dr. J. L. Bubis, and discussed by Drs. A. J. Skeel and J. E. Tuckerman. Dr. Bubis closed the discussion.

Attendance 35.

 ** MEETINGS OF COLUMBUS **
 ** ACADEMY OF MEDICINE **

(Report by Ivor G. Clark, M.D., the Secretary)

January 21, 1918—Dr. W. F. Bay reported two cases of traumatism followed by hypertrophic arthritis, and has seen this sequence so often that he thinks it likely general hypertrophic change is influenced by local traumatism of joints.

Dr. G. B. Chunn, 1st Lt. U. S. A., gave a detailed description of the recruiting routine in the United States Army. The description of the procedure of this work was interesting and thorough. Many of the points were technical and instructive, particularly with reference to the decision in the selection of candidates who have a certain degree of flat foot.

Dr. Hugh Means read a paper describing predisposing causes of apical abscesses of the teeth

and showed many photographs illustrating the different types of this disease. Dr. C. W. McGavran and Harry Myers discussed the paper, as well as Drs. F. L. Stillman and G. T. Harding.

Dr. Harding thought the profession should curb itself in its tendency to attribute so much disease to local infective processes which is so very characteristic of the present time and urged that patients be safeguarded as much as possible before advising local operative procedures.

The applications of Dr. George O. Hoskins and Dr. F. C. Haney were voted upon.

January 28, 1918—Dr. J. E. Brown reported a very unusual case of dentigerous cyst of the antrum which was complicated by suppuration and had caused a severe neuralgia of the side of the face. Two teeth were removed from the cyst. The specimens were shown to the members of the Academy.

Dr. Arthur Helmick read a paper describing several of the more subtle manifestations of acute rheumatic fever. Rosenow's work in the discovery of the streptococcus as a cause of acute rheumatism and chorea was referred to. Dr. Geo. Waters discussed the paper. Dr. Waters pointed out that the recognition, management and proper care of the milder cases of rheumatic fever in childhood might have much to do in reducing the mortality later in life.

Major Converse talked in an informal way of the military situation and advised universal military training. He also thought that a movement ought to be started by the Academy with the purpose of introducing physical training into the lower grades of the schools. Major Converse's talk provoked active discussion in which Drs. Crotti, J. F. Baldwin, Harding, Keil and C. F. Clark took part. Dr. J. E. Brown moved that the matter be brought before the council and carefully considered by them. The motion was passed.

The applications of Dr. Ralph B. Taylor and Dr. J. E. Monger were passed.

February 4, 1918—Dr. W. F. Bay presented a case of spondylitis following a fall. This is another instance in Dr. Bay's opinion when a condition simulating arthritis deformans has followed injury.

Dr. Brundage then presented his paper on "Blood Chemistry in Relation to Diabetes and Nephritis." Dr. Brundage went into considerable detail in describing the various methods of analysis of the blood in kidney disease, acidosis and diabetes. Various examinations were described and their relative values appraised. Dr. E. A. Hamilton and Dr. Frank Warner discussed Dr. Brundage's paper. In discussion by Dr. Hamilton and Dr. Warner, Dr. Jocelyn's book on diabetes and the Allen treatment were taken up. Dr. Brundage favors the Allen treatment and thinks that Dr. Jocelyn has added much to the scientific management of the diabetic.

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Dr. James McI. Phillips reviewed numerous methods for the prophylactic treatment of rabies and contrasted the methods in vogue, giving their advantages and disadvantages. Dr. Phillips concluded with the indorsement of a plan including the use of the modern pasteur treatment combined in the latter part of the procedure with the Harris method. As the development of the anti-rabic treatment has proceeded, the tendency has been to minimize the dose and at the same time increase its concentration.

Dr. Wells Teachnor, as chairman of the general committee for the Annual Meeting of the Ohio State Medical Association, announced the personnel of the committees appointed by him. They are as follows:

Exhibits—Geo. V. Sheridan, Chairman; S. J. Goodman, H. M. Platter.

Entertainment—Ivor G. Clark, Chairman; J. H. J. Upham, C. O. Probst, Fred Fletcher, Joseph Price.

Badge and Emblems—John E. Brown, Chairman; John B. Alcorn, L. L. Bigelow.

Reception—J. F. Baldwin, Chairman; Ralph Taylor, J. L. Gordon, Ernest Scott, W. C. Davis, R. L. Barnes, Andre Crotti, E. M. Gilliam, W. D. Deuschle.

Points in Infant Feeding."

At a meeting of the society held January 30, compensation amounting to \$1.00 an hour for selective draft services, was voted to be turned into the treasury of the society by the additional examiners recently appointed. The men appointed by the governor are Drs. W. A. M. Hadley, C. S. Ramsey, E. F. Davis, C. K. Gotwald and C. H. Kay.—(From a news clipping.)

Darke County Medical Society held its annual election of officers, January 10. The officers elected were: President, C. I. Stevens, vice-president, D. Robeson; secretary-treasurer, O. P. Wolverton; state delegate, J. E. Monger; alternate, M. M. Corwin. Dr. Wolverton gave an interesting talk on the uses of the X-Ray.

Montgomery County Medical Society met at the Court House, January 18. Dr. B. C. West discussed "Types of Cardiac Disease and Their Prognosis," and exhibited two cases. The discussion was opened by Dr. D. B. Conklin.

Inspection of the two new clubrooms leased by the society featured the meeting held February 1. The paper of the evening was read by Dr. C. A. Ihle, the subject being "Types of Skin Cancer, with Selective Treatment."

THIRD DISTRICT

Allen County Medical Society held its regular semi-monthly meeting, January 8, with 40 in attendance. It was the first meeting at which the new staff of officers presided. Rev. F. A. Stiles addressed the meeting on "The Man Who Ends in Himself." He paid tribute to the patriotism of the society, 15 of its members having enlisted in the service of the country.

At the meeting held January 22 a new fee bill was adopted, effective February 1, with increases ranging from 25 to 30 per cent. over the old rates. The new schedule is as follows: Day calls within the city limits, \$2; day calls outside of the city limits, \$2, and 75 cents for every mile beyond the Lima line; calls after 6 p. m. within the city limits, \$3; seventy-five cents a mile is added for night calls beyond the limits; office

COUNTY SOCIETIES

SECOND DISTRICT

Campaign County Medical Society held its regular monthly meeting in Urbana, January 10, with eight members in attendance. The paper for the evening was read by Dr. E. W. Ludlow, who dealt extensively with the treatment of epilepsy. The remainder of the evening was spent in routine business and in discussing Dr. Ludlow's paper.—(From a news clipping.)

Clark County Medical Society met in regular semi-monthly session at the Bancroft Hotel, January 15. Dr. E. G. Horton of Columbus was the essayist and he took for his subject "Some

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Logan County Medical Society met for a noon day luncheon at Hotel Ingalls, Bellefontaine, February 1. The program follows: "An Essay on Dentistry," Dr. Frank Griffin; "Internal Medicine," Dr. F. R. Makemson; "Public Health Problems," Miss Cunningham, city public health nurse.—(From a news clipping).

Seneca County Medical Society held its regular monthly session, January 24. An excellent paper was read by Dr. J. C. Tritch, Findlay, and was thoroughly discussed by all the members present. Dr. H. B. Gibbon was elected delegate to the State Association meeting; Dr. R. B. Miller, alternate. The question of the exact status of the physicians of Ohio in regard to the federal law concerning distilled spirits was discussed and it was suggested that for the benefit of all of the members of the State Society *The Journal* print an interpretation of the present rulings.—E. H. Porter, Correspondent.

FOURTH DISTRICT

Sandusky County Medical Society met in Fremont, February 1, with a good number present despite the extreme cold weather. Dr. O. C. Vermilya read a very interesting paper on "Conserving Our Children," and the discussion was very spirited.—D. W. Philo, Correspondent.

FIFTH DISTRICT

Huron County Medical Society elected the following officers at its annual election on January 14: President, R. L. Morse, Norwalk; secretary-treasurer, J. D. Coupland, Norwalk. It was voted to pay the dues of men in military service from the county treasury.—J. D. Coupland, Correspondent.

SIXTH DISTRICT

Columbiana County Medical Society held its annual election of officers at Salem, January 8. Dr. A. W. Schiller, of Salem, was made president; Dr. Hugh Maxwell, of Lisbon, vice-president; Dr. J. M. King, of Wellsville, secretary-treasurer. The annual reports of the various committees were read and approved. The next session will be held in East Liverpool.—(From a news clipping).

Richland County Medical Society held its annual banquet at the Southern Hotel, Mansfield, January 2, and the affair proved to be one of

Cooperative Malpractice Insurance

Limited to Members of Recognized Medical Societies

Group Form Plan—

originated and issued only by Aetna Life Insurance Company to provide real protection and service on a common sense basis.

This Means Protection—

against loss arising from claims based upon any injury to a patient occurring in the lawful practice of the Assured's profession. No limitation on reason for making claim.

Avoids Technicalities—

furnishes complete defense; also indemnity, \$5,000 for one injury; \$15,000 total all judgments account of each year's acts.

Aetna Attorneys—

(specialists in personal injury claims) always available to Assured both before and after claim is made, without extra charge.

Compromises—

the Aetna prefers to defend suit to the highest court. Cannot settle without consent of Assured and approval of three members of the Group.

Appeal Bonds Furnished—

if necessary in defending suit (up to limit specified in policy) without cost or deposit of collateral—a radical departure of real value to the Assured.

Absolute Security.

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C. H. Bancroft, Dist. Mgr., 8 East Long St., Columbus, Ohio.

The Facts About the Origin of Malted Milk

In 1883, Horlick of Racine, Wis., discovered the process for reducing whole milk to a powder form, combined with the soluble extract of malted grain, and devised the name Malted Milk.



This discovery was of great importance to humanity, since for the first time milk was reduced to a dry powder form, digestible, soluble in water, and would keep in any climate.

There was no Malted Milk in the world, other than Horlick's for nearly twenty years — and during this time, Horlick's shipped to Europe large quantities of their product.

When Horlick's had made Malted Milk a success, various imitations then appeared upon the market. Thousands of physicians know the above facts, and will not endorse imitations of the "Original."

Horlick's Malted Milk Company
Racine, Wisconsin

Have You an Infant Feeding Problem?

If so, the hand booklet, "*Successful Infant Feeding*," mailed on your request will help you solve it. It contains the essentials of simplified infant feeding methods evolved within the past few years—a reformation beginning with the discovery that the sugars used in infant feeding cause more trouble than the curds of cow's milk.

Modern Infant Feeding Is Successful

because its methods are simple, understandable, easy to use, and yield dependably good results. It provides diets suitable for the individual well infant, which cause a normal gain in weight, also efficient corrective diets for digestive disturbances. MEAD'S DEXTRI-MALTOSE is largely used in these diets because it is more readily assimilable than cane sugar or milk sugar, and correspondingly less liable to cause the troubles of sugar fermentation. NO DIRECTIONS for use accompany packages of MEAD'S DEXTRI-MALTOSE. It is made for physicians' use only.

MEAD JOHNSON & CO., Evansville, Indiana

the most pleasing that has been held by the society during a long period of years. Wives of the members and a number of invited guests were present, bringing the attendance to 60. President Harro Woltmann acted as toastmaster, and W. E. Loughridge, Edward Remy, G. C. Smith and W. P. Mecklem responded. Rev. O. L. Kiplinger was the speaker of the evening, and gave an excellent address on "Ideals of Man," making particular reference to the work that is being accomplished by the medical profession for mankind. Hearty endorsement was given the visiting nurse fund and efforts will be made to assist in raising funds for this purpose.—(From a news clipping).

Stark County Medical Society elected officers for 1918 at a meeting held in the Chamber of Commerce, January 15, as follows: President, L. B. Zintsmaster; secretary, F. A. King; treasurer, W. Wylie Scott. A committee composed of Drs. D. S. Gardner, C. H. Ross and E. J. March was appointed to draft resolutions of regret at the death of Dr. Maurice Smith. Reports of section committees were given.—(From a news clipping).

Summit County Medical Society met February 5, with 42 members in attendance from Akron and Ann Arbor. President Chase presided. New members admitted are: V. D. Reichelderfer, J. G. Graver, A. Tachauer, of Akron; R. E. Stepfield, of Barberton. Five applications were presented. The features of the meeting, aside from the program were the appointment of C. S. Hiddleston, to represent the society upon the Summit County War Work Council, recently organized by the mayor of Akron. The dean, S. St. J. Wright, unveiled the society service flag, which was presented by J. G. Blower. At present it has 45 stars and six more members are awaiting word from Washington as to their commissions. A. S. McCormick presented a rare and very fine photo of the late President and Mrs. McKinley taken in 1899, at Plattsburg. Another photo added to the collection is that of Duncan McCormick, K. C., B. C. L., of Montreal, who in April presented the United States flag to the society.

The following resolution was passed: "Whereas by the deaths of Julius Royal Fisher and Wyndham Clyde Sparling, the Summit County Medical Society has suffered the loss of two members; Therefore be it resolved, that this society place on record its sorrow at the loss it has sustained."

L. B. Humphrey, J. L. Jones, Committee.

Program: A clinic upon nervous diseases was given by Theophil Klingman, Ph. C., M. D., of Ann Arbor, demonstrator of neurology in the University of Michigan.

On March 3, 1914, Dr. Klingman gave a splendid and interesting clinic before the society in the rooms then occupied in the Children's Hos-

50% Better Prevention Defense Indemnity

1. All claims or suits for alleged civil malpractice, error or mistake, for which our contract holder,
2. Or his estate is sued, whether the act or omission was his own
3. Or that of any other person (not necessarily an assistant or agent),
4. All such claims arising in suits involving the collection of professional fees,
5. All claims arising in autopsies, inquests and in the prescribing and handling of drugs and medicines.
6. Defense through the court of last resort and until all legal remedies are exhausted.
7. Without limit as to amount expended.
8. You have a voice in the selection of local counsel.
9. If we lose, we pay to amount specified, in addition to the unlimited defense.
10. The only contract containing all the above features and which is protection per se.

A Sample Upon Request

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of Ft. Wayne, Indiana.

Professional
Protection, Exclusively



The solution of various dietetic problems is frequently found in the use of pure, fresh cow's milk of good quality, but where fresh milk of this character is not available, Borden's Eagle Brand Condensed Milk offers a valuable safeguard against contamination and the invasion of pathogenic germs.

It is prepared under sanitary conditions from selected high-grade cow's milk and sugar.

Samples, analysis and literature will be mailed upon receipt of professional card.

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To Make It a Daily Dish *Make It a Luxury*

Pettijohn's is a bran food made to doctors' orders.

The 55 per cent of rolled wheat gives a basis which everybody likes. The 20 per cent of oat flakes adds a delightful flavor. And the bran flakes make it efficient.

Half the users, probably, never think of bran. It is inconspicuous. People gladly continue it and thus get continued bran effects.

In late years, with hundreds of bran foods offered, Pettijohn's has soared to top place. And largely through doctors' favor.

It will meet, we believe, your ideal of a bran food. Try it.

Pettijohn's

A Flaked Cereal Dainty

55% Wheat Product — 20% Oats — 25% Bran

Soft, flavory wheat and oats rolled into luscious flakes, hiding 25 per cent of unground bran. A famous breakfast dainty.

Pettijohn's Flour is 75 per cent Government Standard flour mixed with 25 per cent tender bran flakes. To be used like Graham flour in any recipe; but better, because the bran is unground.

The Quaker Oats Company
Chicago

pital. The clinic on Tuesday was a repetition of that program and proved equally interesting and entertaining. The cases were patients from the Summit County Hospital. No. 1—Syringomyelia. No. 2—Posterior lateral lesion. No. 3—Dementia precox. No. 4—Meningeal myelitis. No. 5—Peripheral neuritis.—A. S. McCormick, Correspondent.

SEVENTH DISTRICT

Jefferson County Medical Society held its regular monthly meeting at Steubenville, February 12. The meeting was given over to consideration of the subject of obstetrics, the program being as follows: "Care of the Pregnant Woman," S. F. Paul; "Delivery and Aids Thereto," J. C. M. Floyd; "Post Partum Care," V. B. DiLoretta.—J. R. Mossgrove, Correspondent.

NINTH DISTRICT

Meigs County Medical Society held its monthly meeting in the office of Dr. L. F. Roush, Pomeroy, December 20. The old officers, Dr. P. A. Jividen of Rutland, president; Dr. L. F. Roush of Pomeroy, vice-president; and Dr. L. A. Thomas of Middleport, secretary-treasurer, were re-elected by unanimous vote. Two new members were taken into the society. The next meeting will be held February 14.—L. A. Thomas, Correspondent.

Scioto County—Hempstead Academy of Medi-

cine, meeting in special session January 25, without a dissenting vote, adopted a new fee schedule which provides for an increase in all classes of visits. Hereafter, day visits in any part of the city will be \$2.00 instead of \$1.50; visits in any part of the city between 9 p. m. and 6 a. m. will be \$3.00 instead of \$2.50 between 8 p. m. and 7 a. m.; office consultation will be strictly \$1.00; obstetrical cases will be \$20.00 instead of \$15.00, and visits in the country will call for an additional 1.00 for every mile outside of the city limits.—(From a news clipping).

TENTH DISTRICT

Delaware County Medical Society met in annual session, February 1, and elected the following officers for 1918: President, W. E. Borden; vice-president, M. W. Davies; secretary-treasurer, A. H. Buck; censors, H. M. Day, D. E. Hughs, E. M. Semans, C. W. Chidester and A. J. Pounds. The society agreed to pay the state dues of its members in military service from the treasury.—A. H. Buck, Correspondent.

Pickaway County Medical Society elected these officers for 1918 at a meeting held in Circleville, January 4: President, Howard Jones; vice-president, O. H. Dunton; secretary, D. V. Courtright; treasurer, George T. Row; state delegate, J. B. May; alternate, G. G. Leist.—D. V. Courtright, Correspondent.

RECONSTRUCTION

Spring is nature's period of reconstruction, "when the world is made anew." Then is when the Call of the Open comes strongest to every shut-in, the invalid or the cripple. With the aid of an invalid chair or the proper orthopedic appliance, nature will supplement the physician's efforts.

Orthopedic Apparatus



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Orthopedic apparatus, representing the latest scientific ideas, is manufactured by us to meet the special conditions of each individual case. A thoroughly organized department, with years of experience in the production of these special appliances, is ready to co-operate with the physician in the selection and designing of appliances for every case. We

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A complete line of invalid chairs, meeting every condition, is manufactured by us and sold direct to the physician at manufacturer's prices. A substantial saving in price is secured through this direct selling policy, while the quality and designs of the chairs are of the highest. Our complete invalid chair catalog will be gladly sent upon request.



The prices are attractively low—The quality is uniformly high.

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“Rheumatism” and **ATOPHAN**

Rheumatism — its definition symptomatic, its treatment largely so.

At least until careful diagnosis establishes the type.

But careful diagnosis takes time, and the patient wants prompt relief.

What will you prescribe?

Salicylates? Yes, but salicylates, inorganic or organic, are constipating, cumulative, depressant and—as recent investigations show conclusively—renal irritants (Hanzlik).

ATOPHAN, with the promptest and most reliable pain and inflammation relief obtainable, has none of these drawbacks.

ATOPHAN appears to have almost completely replaced colchicum in *Gout*. It ought to ultimately replace the salicylates in *Rheumatism*.

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Registered

Columbus
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Illinois.



MEETING OF JANUARY 12 and 13

TERM EXPIRES SOON.

The term of Dr. L. E. Siemon of Cleveland, as a member of the State Medical Board expires in March. Members are appointed for a term of seven years, there being seven members on the board. The law provides that the different schools of medicine shall have equal representation. There are at the present time two Homeopathic members (Dr. Siemon and Dr. C. W. Sawyer, of Marion), two Eclectic members (Dr. S. M. Sherman of Columbus and Dr. John K. Scudder of Cincinnati) and three members representing the so-called regular school (Dr. B. R. McClellan of Xenia, Dr. J. H. J. Upham of Columbus, and Dr. Lee Humphrey of Malta.)

On his explanation that he was not aware that his name was to be published, and a promise not to allow his name to appear in future advertising, the case of Dr. C. B. Weedman of Cleveland was continued, pending his good behavior.

The yearly election of officers resulted as follows: President, J. K. Scudder; vice-president, Ben R. McClellan; treasurer, S. M. Sherman; secretary, H. M. Platter.

Action on the revocation of the license of Dr. James L. Holden, Columbus physician convicted of performing an illegal operation one year ago, was postponed until the April meeting. Attorneys A. A. George of Zanesville and D. C. Badger of Columbus testified in his behalf.

Drs. Robert Austin Brown and F. L. Bowsher, Akron advertisers, were cited to show why their licenses should not be revoked for violation of Section 1275 which rules against all advertising of medical practice in which extravagantly worded statements intended, or having a tendency to deceive and defraud the public are made, or where specific promises to cure certain diseases are made. At the request of his attorneys action on the Brown case was continued to the April meeting. The Bowsher case was heard and continued, pending his conduct, to the next meeting.

The case of Augustus A. Bancroft, also called for violation of Section 1275, was continued because of the inability of Secretary Platter to locate the offender and serve summons.



This Cabinet will add to the appearance of every office. Constructed of Steel and beautifully finished in white enamel, \$70.00

The needs of every practice vary, but the Cincinnati Examining and Treatment Chair will be found a great aid to every practitioner. Price as shown.....\$35.00

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Manufacturers of

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Examine BRAN ZOS

Purina Branzos

looks different from ordinary bran, and it is different. Ordinary bran is nothing but the outside, or fiber coat of the wheat. Purina Branzos contains all of the wheat coats (see illustration in lower corner.) This makes it rich in phosphates and gluten.

Purina Branzos is ideal for a bran diet, because it has all of the laxative properties of bran plus real food value. Physicians who prescribe Purina Branzos will find that patients like to have Purina Branzos prescribed because it tastes so good.

Purina Branzos is splendid for nursing mothers. It increases the milk flow, enriches the milk, and regulates the system. Children take to the flavor at once. Its mineral salts build bones, its gluten properties make tissues, and its fiber stimulates digestive action.

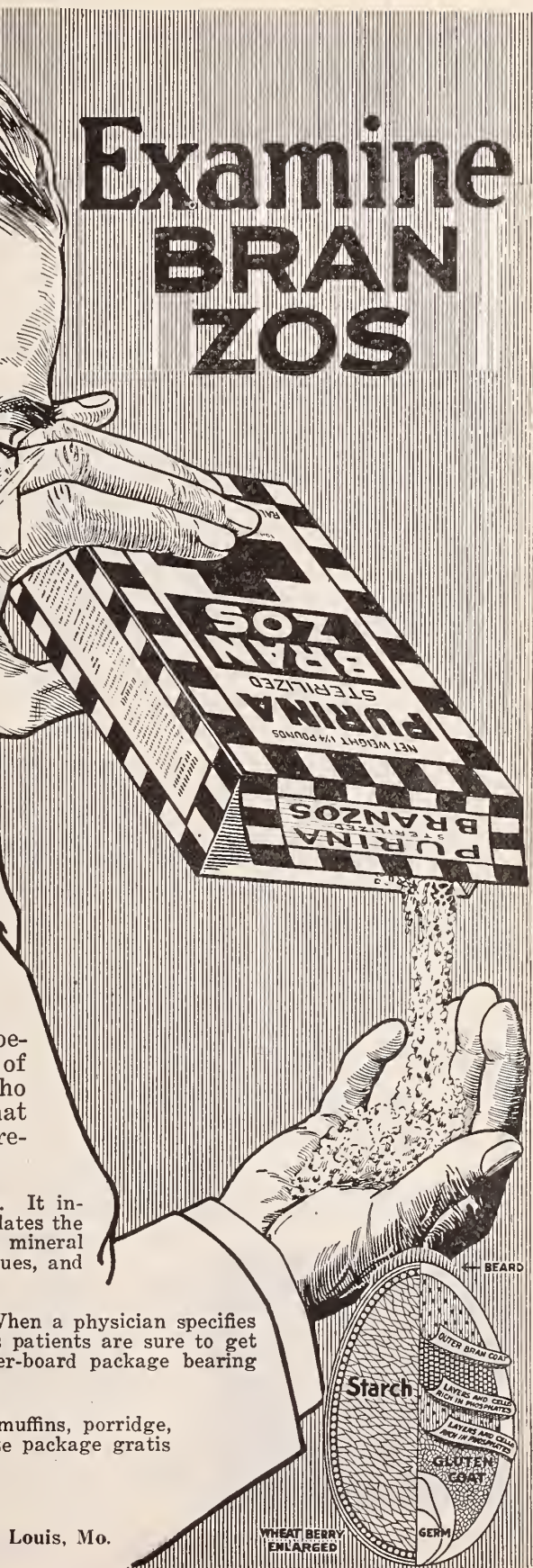
There is only one bran food that we know of. When a physician specifies Purina Branzos in recommending a bran diet, his patients are sure to get the right thing. Branzos is packed in a checker-board package bearing a red cross.

Purina Branzos makes delicious bread, muffins, porridge, etc. We shall be glad to send a full size package gratis to any physician who is interested.

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An Eastern Ohio physician who was cited to appear before the board and show why his license should not be revoked for failure to sign birth certificates, submitted to the State Bureau of Vital Statistics all the reports he had neglected in the past and promised to be prompt in the future in attending to this duty. On recommendation of Dr. John E. Monger, state registrar, the charge was dismissed.

Dr. Theodore T. Jacobsen, Cleveland, who was formerly connected with the "United Doctors" outfit and later operated an itinerant practice company of his own, whose certificate to practice in Ohio was revoked, applied to the board for reinstatement, declaring that his conduct since the revocation of his license had been above reproach. The board advised him that his certificate would be returned when he could satisfy the secretary and president by submitting evidence that he had not been engaged in the practice of medicine and had been conducting himself in an honorable way since the license was revoked.

Dr. G. E. Kimber of Amanda, recently convicted on a charge of selling intoxicating liquors without license, was given an opportunity to appear before the board and show why his license should not be revoked. He was admonished by

the president and his case continued indefinitely pending his behavior.

LICENSED, JANUARY 2, 1918

These men took the examination conducted by the board, December 4, 5 and 6, and have been licensed to practice medicine in Ohio:

Solomon Arthur Sobul—graduate Western Reserve University School of Medicine, Cleveland, 1917; intended residence, *Cleveland*.

Noel Carlisle Ice—graduate Western Reserve University School of Medicine, Cleveland, 1917; intended residence, *Cleveland*.

Alpheus Mahlon Shafer—graduate Western Reserve University School of Medicine, Cleveland, 1917; intended residence, *Cleveland*.

Walter Magruder Leonard—graduate Western Reserve University School of Medicine, Cleveland, 1917; intended residence, *Fostoria*.

R. Schuyler Hubbard—graduate University of Wooster Medical Department, 1878; intended residence, *Bedford*.

North Withers Shetter—graduate Ohio State University College of Homeopathic Medicine, Columbus; intended residence, *Youngstown*.

Leslie Earl Luehrs—graduate Rush Medical College, 1916; intended residence, *Cincinnati*.

Melville Frederick Walker—graduate Eclectic

\$25.00

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\$25.00

The Chicago Polyclinic and The Post-Graduate Medical School of Chicago

The Twenty-Seventh Annual Special Course Will Commence

at The Chicago Polyclinic
Monday, April 1, 1918

and at The Post-Graduate Medical school of Chicago
Monday, May 6, 1918

and will continue four weeks at each institution. These courses which have given such satisfaction for so many years have for their purpose the presentation in a condensed form of the advances which have been made during the year previous in the following branches: Surgery, Orthopedics, Gynecology, Obstetrics, Genito-Urinary, Stomach and Rectal Diseases and in border-line medical subjects. Fee for each above courses \$25.00.

Special Operative Work on the Cadaver and Dogs, and General and Special Laboratory Courses.

Special evening lectures during the course. For further information address:

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Vaccines constitute an important group of remedial agents. These Vaccines are marketed in specially devised aseptic bulk packages insuring added safety in withdrawing contents.

5 C. C. for \$1.00 18 C. C. for \$3.00
Ampules, 6 in box, \$1.50

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Write for Literature

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Dr. Roger's *Tycos*

SELF-VERIFYING SPHYGMOMANOMETER \$25

COMPLETE APPARATUS

FOR CARREL METHOD OF
DISINFECTING WOUNDS

BY THE USE OF

**DAKIN'S
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Complete Outfit \$4.50

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in the treatment of Infected Wounds, Compound Fractures, Acute and Chronic Osteomyelitis, Gangrenous Appendicitis, Peritonitis, etc.

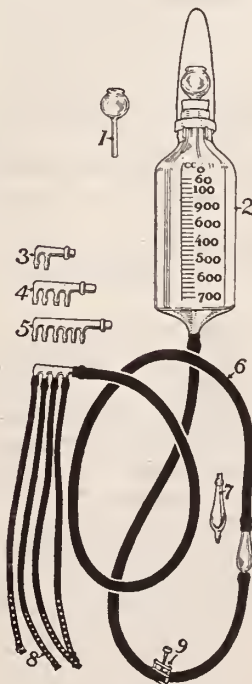
We have the correct outfit. Particularly we would emphasize that we have the correct rubber tubing which is made specially for us.

Refer to Dr. Sherman's article, Surgery, Gynecology and Obstetrics, March, 1917, on the Carrel Method of Wound Sterilization.

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Medical College, Cincinnati, 1917; intended residence, *Cincinnati*.

John Saunders Lewis, Jr.—graduate Jefferson Medical College, Philadelphia, 1914; intended residence, *Youngstown*.

Edward Hurley—graduate Loyola University School of Medicine, Chicago, 1916; intended residence, *Ashtabula*.

Joseph Turner Thomas—graduate Meharry Medical College, Nashville, Tennessee, 1905; intended residence, *Cleveland*.

Adrian Gordon Gould—graduate Harvard University Medical School, Boston; 1917; intended residence, *Akron*.

Wellington Watson Cooper—graduate Harvard University Medical School, Boston, 1916; intended residence, *Columbus*.

Ota Gertrude Walters—graduate Ohio State University College of Medicine, Columbus, 1917; intended residence, *New Philadelphia*.

Wesley Cornelius Redd—graduate University of Pennsylvania, Department of Medicine, Philadelphia, 1917; intended residence, *Youngstown*.

Ralph Henry Vance—graduate Eclectic Medical College of Cincinnati, 1917; intended residence, *Morrow*.

Dennis Arthur Logan—graduate Meharry Medical College, Nashville, Tennessee, 1916; intended residence, *Cleveland*.

Charles Wilson Averell—graduate Tufts College, Medical School, Boston, 1903; intended residence, *Akron*.

Howard John Luxan—graduate Chicago of Medicine and Surgery, 1916; intended residence, *Montpelier*.

William Wolfgang Klement—graduate Eclectic Medical College of Cincinnati, 1917; intended residence, *Cincinnati*.

Max Marowitz—graduate Chicago College of Medicine and Surgery, 1916; intended residence, *Youngstown*.

Squire S. Beverly—graduate Chicago College of Medicine and Surgery, 1917; intended residence, *Toledo*.

Henry Levi Price—graduate Vanderbilt University School of Medicine, Nashville, Tennessee, 1916; intended residence, *Toledo*.

Claude Edwin Hale—graduate Vanderbilt University School of Medicine, Nashville, Tennessee, 1917; intended residence, *Cincinnati*.

RECIPROCITY LICENSES GRANTED JANUARY 2, 1918

James Thomas Suggs—graduate Howard Medical School, Washington, D. C., 1903; registered in Alabama; intended residence, *Cleveland*.

Esther Annie Ryerson—graduate College of Physicians and Surgeons, Chicago, 1903; registered in Illinois; intended residence, *Dayton*.

Clarence W. Shaw—graduate Medical College of Ohio, Cincinnati, 1901; registered in Indiana; intended residence, *Cincinnati*.

Frederick Franklin Piercy—graduate Drake

Western Reserve University SCHOOL OF MEDICINE

ONLY MEDICAL SCHOOL IN
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¶ Admits only college degree men and seniors in absentia.

¶ Excellent laboratories and facilities for research and advanced work.

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is confined exclusively to the manufacture of Strictly High Grade Medicines and Pharmaceuticals for Physicians, Dispensing and Prescribing.



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COLUMBUS, OHIO

Extract of Malt

— TROMMER —

LIEBIG was the first physiological chemist to call attention to Malt Extract and advocate its use as a food medicine. That his views were correctly based is evidenced by the wide use of Malt Extract in America and Europe and the popularity of many infant foods in which maltose is the principal constituent.

Leibig's process for making Malt Extract destroyed the diastase and it remained for Prof. Trommer to develop the fact that while maltose as prepared by Liebig was an excellent nourishment for the sick, that diastase as preserved in a properly prepared Malt Extract such as **TROMMER'S** is the element which effects transformation of the carbohydrates into an assimilable form of food.

"Diastase normally exists in constant proportion all the tissues, organs and fluids of the human body where its action has been demonstrated to be intracellular, as for example, converting the glycogen of the liver that its product may be utilized for structural growth and repair of wastes."

Bechamp and Moro discovered that human milk contains diastase and that cow's milk does not contain it. In infant feeding many physicians have achieved brilliant results by the addition of diastastic Malt Extract to pure cow's milk, thereby supplying the vitalizing and energizing element (diastase) of which an artificially fed infant is otherwise deprived. Sixty-six per cent of the solids of human milk are carbohydrates, which the diastase of human milk seems to dispose of to the advantage of the growing child. Cow's milk solids consist of 36 per cent of carbohydrates, to which often more carbohydrates are added to make the quantity equal to human milk. Few realize the importance of adding normal diastase to assist the process of metabolism in the new born.

Malt Soups (Malzsuppen) have been largely used by Keller, Czerny, Gregor and Koplik. The latter says: "The Keller method of feeding with dextrinized gruels is one of the most useful methods of feeding marantic infants, and one in which, in a great number of cases of atrophy, has given me brilliant results. I have used this method of feeding in cases in which all other known methods have failed."

We will be pleased to supply literature relating to MALT EXTRACT
and formula for Making Malt Soup

THE TROMMER COMPANY

Manufacturers of Malt Extract

FREMONT,

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OHIO

University College of Medicine, Des Moines, 1907; registered in Iowa; intended residence, *Youngstown*.

John Baxter Duncan—graduate Johns Hopkins Medical School, Baltimore, 1914; registered in Maryland; intended residence, *Cleveland*.

Leland Eldorus Phipps—graduate University of Michigan Department of Medicine, 1908; registered in Michigan; intended residence, *Youngstown*.

Guido J. Gianfranceschi—graduate University of Buffalo, 1911; registered in New York; intended residence, *Cleveland*.

Hannes Inberg—graduate Bennett Medical College, Chicago, 1906; registered in Pennsylvania; intended residence, *Warren*.

Max Moses Teplitz—graduate University of Pittsburg, 1914; registered in Pennsylvania; intended residence, *Canton*.

Tunnis Nunemaker—graduate College of Physicians and Surgeons, Baltimore, 1901; registered in West Virginia; intended residence, *Akron*.

George E. Cogswell—graduate Hahnemann Medical College, Chicago, 1873; registered in Illinois; intended residence, *Hamilton*.

Frank Hills Southgate—graduate Medical College of Ohio, Cincinnati, 1892; registered in Kentucky; intended residence, *Cincinnati*.

Action on these reciprocity applications was postponed until the April meeting.

Vasco Eric M. Osario—graduate University of Louisville, 1916; registered in Kentucky; intended residence, *Cleveland*.

William Sullivan Howell—graduate Keokuk Medical College, Keokuk, Iowa, 1898; registered in Iowa; intended residence, *Santoy*.

—A table prepared by Dr. John E. Monger, state registrar of vital statistics, giving the comparative number of deaths in 1915 and 1916, shows there were 43,932 deaths in Ohio in 1915 and 46,525 in 1916. Deaths among farmers, gardeners, and bakers decreased, as did those among painters, glaziers and varnishers employed in factories. Teachers, agents, canvassers, typists, book-keepers and accountants made a good showing in conservation of life by a substantial reduction, and there were fewer deaths among firemen, soldiers, guards, watchmen and detectives in 1916. Deaths among street railway conductors and locomotive engineers decreased, but among locomotive firemen they were nearly doubled. Deaths among stationary engineers, compositors, linotypers, typesetters, plumbers and gas fitters, and coal miners increased. The last calling was hit hard, there being 271 deaths in 1915 and 507 in 1916. Among dentists there was a decrease from 34 to 31 and among physicians and surgeons from 185 to 181, but there was an increase from 26 to 51 among trained nurses.



WITH war conditions to contend with, and greatly increased cost of manufacturing, real quality will be more important and harder to get than ever.

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A National Moratorium Proposed

It is but just and in keeping with American fairness that the men who have volunteered or who have been drafted into our army and navy should have their private affairs protected by the government during their enforced absence from home. Two states have enacted such laws—Pennsylvania and Iowa.

There is now an effort being made to enact a similar law in Congress in order to make the moratorium national in scope. Such a bill was introduced into the United States Senate by Senator Chamberlain, and known as Senate Bill 2859. It is entitled "A bill to extend protection to the civil rights of members of the Military and Naval Establishments of the United States engaged in the present war."

Section 1 states:

"That for the purpose of enabling the United States the more successfully to prosecute and carry on the war in which it is at present engaged, protection is hereby extended to persons in the military service of the United States, in order to free them from harassment and injury to their civil rights during their term of service and to enable them to devote their entire energy to the military needs of the nation, and to this end the following provisions are made for the temporary suspension of legal proceedings and

transactions which may prejudice the civil rights of persons in such service during the continuance of the present war."

The moratorium covers rent of dwellings not exceeding \$50 per month, installment contracts for real or personal property, mortgages, insurance up to \$5000, taxes, and public land claims. Provision is made in the bill for the enforcement of the act.

MARRIAGES IN OHIO

Dr. Elder Hutchinson, Xenia, and Miss Anna Kincard, Hartford, Connecticut, at Camp Zachary Taylor, Kentucky, December 15. Dr. Hutchinson expects to be detailed to foreign service in the near future.

Dr. John Louis Brickwede of Akron and Miss Aileen Benner of Arlington, December 27.

Dr. Edward R. Werner of Dayton and Miss Mary E. Ralston of Youngstown, at Youngstown, December 8. Dr. Werner expects to leave for war service with the Chicago Base Hospital soon.

Dr. Dudley T. Dawson of Columbus and Miss Louise Minnis of Montgomery, Alabama, at Camp Sheridan, Alabama, January 1. Dr. Dawson is a captain in the Medical Officers' Reserve Corps and the ceremony was performed by the chaplain of his company.

Dr. Harry Y. Masefield and Miss Virginia Brewer of Columbus, January 9.

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DEATHS IN OHIO

Charles E. Baker, M. D., University of Cincinnati College of Medicine, 1881; aged 61; member of the Ohio State Medical Association; died at his home in Genoa, January 16, of heart trouble. Soon after graduation Dr. Baker went to Toledo, where he was a member of the staff of the Toledo State Hospital, from whence he came to Genoa to practice. He is survived by his wife and one son.

Michael A. Bartley, M. D., Medical College of Ohio, Cincinnati, 1880; aged 63; died at Mt. Carmel Hospital, Columbus, January 20, a week after an operation for disease of the stomach. For 11 years he was a member of the staff of Columbus State Hospital; for four years physician at the Workhouse, and for eight years city physician. He leaves his wife, five sisters and one brother.

Howard B. Bayless, M. D., Medical College of Ohio, Cincinnati, 1885; aged 54; died at his home in Miamisburg, January 23, from carcinoma of the stomach. Dr. Bayless came to Miamisburg from California two and a half

years ago. The widow, one daughter and one son survive.

Charles H. Castle, M. D., Miami Medical College, Cincinnati, 1885; aged 58; member of the Ohio State Medical Association; died at Cincinnati General Hospital, January 21, of asthma. He was physician at one time at the old city hospital and also editor of the Lancet Clinic.

Thornton P. Crowell, M. D., Western Reserve University School of Medicine, Cleveland, 1868; aged 72; died at his home in Nankin, January 2, of hemorrhage of the brain. All of Dr. Crowell's brothers were physicians—the late Dr. David Crowell of Savannah, the late Dr. George E. Crowell of Sullivan, and Dr. J. E. Crowell who now resides in Ashland.

Harley H. Emerson, M. D., Ohio Medical University, Columbus, 1904; aged 41; member of the Ohio State Medical Association; died at his home in Columbus, January 26, from dilation of the heart and asthma. Dr. Emerson was assistant chief medical examiner in the Workmen's Compensation Department of the Ohio State Industrial Commission. He is survived by his widow, mother, three sisters and two brothers.

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pathic Medical College and Flower Hospital, New York, 1892; died at Miami Valley Hospital, Dayton, February 4, following an operation. Dr. Ensey was a member of the staff of the hospital at which he died. He leaves his wife and one daughter.

Samuel B. Hartman, M. D., Jefferson Medical College of Philadelphia, 1857; aged 88; died at his apartments in the Hartman Hotel, Columbus, January 30, of acute indigestion. Surviving are his wife and one daughter.

William D. Hoge, M. D., Western Reserve University School of Medicine, Cleveland, 1889; aged 55; died at his home in Rayland, January 20, after an illness of two months. Dr. Hoge suffered a severe attack of blood poisoning about six years ago from which he never fully recovered, and this condition brought on the illness which hastened his death. His widow, two brothers and two sisters survive.

Captain Odos A. Hopkins, M. D., Kentucky School of Medicine, Louisville, 1893; aged 47; member of the Ohio State Medical Association; died at Camp Beauregard, January 15, of spinal meningitis. Dr. Hopkins had practiced in Middlefield since 1896. He left there last summer to enter the Medical Officers' Reserve Corps, go-

ing first to Fort Riley and later to Camp Beauregard. The entire community will miss this useful citizen and his brother physicians feel a distinct loss to their profession. He leaves his wife, one daughter and one son.

H. C. Kiouss, M. D., Long Island College Hospital, Brooklyn, 1882; aged 63; died at his home in Columbus, January 10, from cerebral hemorrhage. Surviving are his wife, one daughter, two sisters and one brother.

John W. Reed, M. D., Medical College of Ohio, aged 78; died at his home in Beallsville, January 28, from pneumonia. Besides his wife he leaves five daughters and two sons.

Judson Teeter, M. D., Medical College of Ohio, Cincinnati, 1902; aged 41; died at his home in New Salem, January 15, from pneumonia. Dr. Teeter with his wife and daughter had moved from Pleasant Hill to New Salem just six weeks prior to his death.

J. H. Wright, M. D., Starling Medical College, Columbus, 1881; aged 59; president of the Perry County Medical Society; died at his home in New Lexington, January 25, of cerebral hemorrhage. Dr. Wright had practiced medicine in New Lexington for almost thirty-six years. For

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a number of years he was a major surgeon in the Seventh Regiment, Ohio National Guard, resigning his commission three years ago. A son and three daughters survive.

George Jacob Smith, M. D., University of Pittsburgh, School of Medicine, 1889; aged 43; member of the Ohio State Medical Association; died at his home in Niles, February 6, from injuries sustained when his machine was struck by a locomotive the evening before. Dr. Smith had practiced in Niles for nearly eighteen years. He leaves his widow, father, mother and one brother.

Henry H. Webster, M. D., Eclectic Medical College, Cincinnati, 1873; aged 68; former member of the Ohio State Medical Association; died at his home in Cleveland, December 25, as a result of a stroke of apoplexy. He leaves his wife, two sons and one daughter. Dr. S. J. Webster of Cleveland is a son and was associated with the deceased in practice.

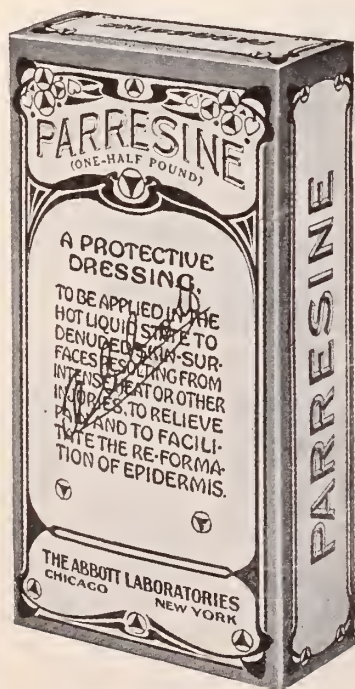
John Eaton Darby, M. D., Western Reserve School of Medicine, Cleveland, 1861; aged 82; died at the home of his son, Dr. John C. Darby, in Cleveland, January 5. He was a demonstrator of anatomy at Western Reserve University from 1861 to 1862; went through the Civil War as a surgeon; was visiting physician at Lakeside Hos-

pital from 1867 to 1887; on the board of the City Hospital from 1895 to 1908; professor of materia medica and therapeutics at Western Reserve from 1865 to 1906, and professor emeritus from the latter date until his death. Two children, a daughter and a son, Major John C. Darby of Camp Sheridan, Alabama, survive.

Charles W. Boughton, M. D., Northwestern University Medical School, Chicago, 1901; aged 44; member of the Ohio State Medical Association; died at St. Elizabeth's Hospital, Youngstown, January 4, as the result of an overdose of morphine administered by himself. Dr. Boughton had practiced in Youngstown for seven years. He leaves a wife and three daughters.

George A. Newton, M. D., University of Michigan Medical School, 1877; aged 62; died at Rob-inwood Hospital, Toledo, January 7, of pernicious anaemia. Dr. Newton retired from active practice seven months ago because of ill health. He is survived by his widow and three sons. Dr. Frank H. Newton of Toledo is a son.

Millard F. Welsh, M. D., Medical College of Ohio, Cincinnati, 1880; aged 64; died at Protestant Hospital, Columbus, January 12, after a short illness with heart trouble. He is survived by his widow, his mother, four sisters and one brother.



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OHIO PUBLIC HEALTH NOTES

—Schools, churches and lodge halls of Malinta makes the following report for the past five months: Communicable diseases reported 56 cases—diphtheria 5, smallpox 9, pulmonary tuberculosis 8, cancer 2, chickenpox 18, ophthalmia neonatorum 1, scarlet fever 4, whooping cough 3, venereal diseases 2; 300 vaccination certificates were issued; 35 nuisances investigated, 25 abated.

—Dr. H. M. Hazelton, Lancaster health officer, makes the following report for the past five months: Communicable diseases reported 56 cases—diphtheria 5, smallpox 9, pulmonary tuberculosis 8, cancer 2, chickenpox 18, ophthalmia neonatorum 1, scarlet fever 4, whooping cough 3, venereal diseases 2; 300 vaccination certificates were issued; 35 nuisances investigated, 25 abated. For 1918 Dr. Hazelton recommends careful supervision of the city's milk supply, improvement in the collection and disposal of garbage and the employment of a sanitary policeman. At a meeting January 7, Dr. Hazelton was re-elected to his position at a salary of \$300 per year.

—Dr. Dana E. Robinson, head of the United States Public Health Staff at the Camp Sherman cantonment, and Dr. J. M. Hanley, Chillicothe health officer, addressed the local Rotarian Club, December 24. Dr. Robinson emphasized the need of the city for extended water and sewer systems and a small hospital for contagious diseases.

—It is reported that there are 20,000 unvaccinated children in the Toledo public schools.

—Dr. A. O. Peters has been appointed health commissioner of Dayton, succeeding Dr. A. L. Light, resigned. Dr. Peters was formerly epidemiologist and head of the staff of district physicians in that city.

—In a letter to William H. Taft, chairman of the Red Cross Central Committee, the National Anti-Vivisection Federation protested against the "appropriation by the American Red Cross of \$100,000 for medical research work in France." This work, the anti-vivisectionists believe, "will include the building of laboratories and providing of animals for experimentation.

—After inspecting 40 factories and workshops Toledo's new Bureau of Industrial Hygiene reported six establishments as "poor" with regard to health conditions; 10 were rated "good" and the remaining 24 were declared "fair."

—A dental clinic has been equipped in a Martins Ferry school by the board of education. Dentists will donate their services, charging only for material used.

—Records of the state department of health show that 966 cases of diphtheria were reported in Ohio during November, 635 or 66% of which were located in Cleveland, Cincinnati, Toledo, Akron, Dayton, Youngstown, Columbus, Lorain, Cuyahoga Falls, Miamisburg, Findlay and Lima. The October total was 1,020.

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**Next Meeting of the State Association,
Columbus, Oct. 1, 2 and 3, 1918**

Editorials

New State Meeting Dates

Council of the State Association, meeting in Columbus, March 17, voted unanimously to postpone the annual meeting from May to October. It will be held in Columbus Tuesday, Wednesday and Thursday, October 1, 2 and 3.

The chief reason for the change was the fact that many of our members are engaged in selective draft work. It is hoped that by October this service will be better organized so that they can leave for a few days.

The second reason was the desire to relieve the railroads of unnecessary congestion at this time. Numerous other state associations are postponing their spring meetings by reason of this fact.

Section officers are urged to proceed at once with the completion of their programs so that the meeting to be held in October may be one of the best ever held by the Association.

Obeys the Law!

The nursing service for the prevention of blindness, offered by the State Department of Health, is not being utilized so generally as the department desires.

During the months of December and January only three cases were attended to by the member of the department's staff of nurses who is entrusted with this work. In the same period 227 cases of inflammation of the eyes of the newborn were reported.

Some of these babies may have received care from local public health nurses or, in cases where the parents were financially able, may have had private nurses provided. The department, however, draws the inference that many of them must have been without any nurse's attention, although such attention would have been desirable.

The State Department of Health points out that under the law its prevention-of-blindness nursing service is available for service in any case where the parents cannot provide other nursing attention for a baby with inflamed eyes. Requests for such service must come through the local health officer, who should satisfy himself that the family's financial condition is such as to demand free nursing service.

When a physician has a case which he thinks should receive the attention of a department nurse, he should refer it immediately to the local health officer, who, if he deems such attention advisable, will transmit a request to Columbus.

Previous demands for stricter obedience to the law requiring reporting of all inflammation cases are being repeated by the State Department of Health, which charges that many physicians are guilty of laxity in this respect. The law makes

it mandatory upon the department to institute prosecutions for violation of this requirement, and provides penalties of \$50 to \$100 for the first offense and \$100 to \$500 for subsequent offenses.

The reporting of inflammation of the eyes of the new-born within six hours by physician, midwife, nurse, parent, relative, or other attendant at the birth is compulsory under this provision, and such inflammation is defined as "any inflammation, swelling, or redness in either one or both eyes of any infant, either apart from or together with any unnatural discharge from the eye or eyes of such infant, independent of the nature of the infection, if any, occurring any time within two weeks after the birth of such infant."

The use of prophylactic, supplied free by the State Department of Health, is required in all births in institutions or attended by midwives.

Several physicians have had unpleasant experiences with this law, through failure to meet its provisions. For many reasons we hope that more strict observance of its provisions will mark the future.

To Produce More Doctors

In a recent address before the national meeting of the Federation of State Medical Boards held in Chicago, Dr. C. E. Sawyer of Marion, member of the Ohio board, delivered an address which gave expression to a belief that is gaining ground. He advocated a radical change in our educational system by which it might be possible to materially reduce the number of years of study now required to gain a medical diploma, and further advocated that separate standards be established for general practitioners and for specialists.

Dr. Sawyer points out that under the present system the medical student starting in life is confronted with the fact that he must be dependent for his living expenses until he is 27 or 28 years old, and that even in the succeeding three to five-year period his income will be very limited. In the meantime his fellows who have entered other fields are well established. Dr. Sawyer believes that two years could be eliminated from the grade school course and an additional year could be gained by eliminating non-essentials from the high school and pre-medical collegiate work. He is further of the opinion that an additional year could be gained in the medical course for those men who seek only to practice general medicine and who need only the equipment of a general practitioner.

He advocated that the Federation of Medical Boards work out this system and with it a plan of national licensure which would supplant the present foolish and wasteful state licensing system. Certainly he is right in this. A man who is qualified to practice medicine in Ohio, by all means should be permitted to practice in California or in any other state.

Dr. Sawyer points out that a medical course drafted along these lines would greatly decrease the expenditure of time and money and would afford the country a sufficient supply of men capable of caring for the sick. He would supplement the plan with special licensure based on specialized collegiate and clinical training for those who seek to qualify in the various specialties.

He holds that some radical change is made necessary at this time by reason of the heavy demands being made upon the profession in connection with the war. Even after peace is declared many who formerly were in civil practice will remain in the Army, because a greatly increased standing army must be maintained. The rate of production of physicians under our increasing standards of medical licensure was not meeting the demand even before war was declared. The cost of a medical education and the nature of the training tended to keep the newer graduates from locating in the rural communities. The result is a constantly increasing shortage in the country—very noticeable here in Ohio. We have many communities that are entirely without medical attention and others that are exceptionally shorthanded.

It seems to the writer that some system could be developed by which our schools could produce an adequate number of well-trained physicians who would be qualified to treat the sick, and that the better equipped institutions of learning should devote their attention to the production of men more highly trained to supplement the work of the general practitioner and at the same time be equipped to carry forward the research work so necessary to the progress of scientific medicine.

Ohio's Proud Record

We are proud to announce that the number of Ohio physicians who applied for commission in the Medical Officers' Reserve Corps passed the one thousand mark prior to March 1. A report from the Surgeon General's Office on that date showed that commissions had been issued to 1,009 Ohio men. This number is exclusive of those who entered the Army through the National Guard units and those who are in the service of the Red Cross and the armies of our allies. The quota for Ohio was 1,130 and this new announcement practically means that we have met that demand.

This, of course, does not complete Ohio's obligation. As the war continues there will be increasing demands. At the present need, for example, the urgent call is for experienced internists. As the American casualties increase, there will be work for the older men in the hospitals on this side.

But Ohio may be counted on to do her part, come what may.

Dr. Lichty

The death of Captain Milton J. Lichty of Cleveland, which we recorded last month, is another of the sacrifices which this country must make to uphold the cause of liberty we are fighting for—for undoubtedly his strenuous work at Camp Zachary Taylor hastened the end for him. His death was a loss to the state, and particularly to organized medicine. He was always deeply interested in those things which command the best efforts of the medical profession and was at all times willing to sacrifice his own convenience



for work of this sort. He was a hard working councilor and a hard working soldier.

We have heard many expressions of sorrow since his death. The following came from Major Willard J. Stone of Toledo, now stationed at Fort Riley, Kansas, post hospital:

"My memory, since yesterday, when I received the sad message of his death, has constantly dwelt upon a certain day in October, 1917, when he came to the Officers' Quarters at Camp Zachary Taylor, Louisville. He came with his cheery smile, his usual enthusiasm for the new work and his hearty greeting to me, an old friend.

"We had dinner together that night in Louisville and shortly afterward went to his quarters, where, with elation he read aloud his marked chapters from Donald Hankey's inspiring book, "A Student in Arms." His rendition of the chapter on the "Beloved Captain" has come back to

me vividly, these past two days, with many tender memories.

"His sturdiness of manner, his patriotic unselfishness, as well as his loyalty to the purposes of scientific medicine will never be forgotten by those who knew him best.

"His life in the military service was a short one, as indeed, was the life of the Beloved Captain pictured by Hankey, but the memory of his life will live with us, his friends, as THE BELOVED CAPTAIN."

The medical profession of the state of Ohio needs men of Lichty's ability and Lichty's vision. *The Journal* extends to his family its heartfelt sympathy.

Hospital Problems

In his annual report as executive secretary of the Cleveland Hospital Council, Mr. Howell Wright calls attention to the necessity of seeking information from hospitals throughout the state as to their per capita cost of operation. In Cleveland, through the Hospital Council, the various member hospitals will be able to present definite figures on their costs. Secretary Wright points out that these will be of value in two ways.

First, it is more than probable that the State Industrial Commission eventually will recommend a hospital fee schedule for workmen's compensation cases based on "hospital cost for hospital service." The present schedule of fees is admittedly arbitrary by reason of the fact that little accurate information as to hospital costs in this state is available. It is fairly certain that as soon as the hospitals establish a system by which they may determine their costs, the state will readjust its fee schedule to a cost basis. This will mean greatly increased revenue from this source for many institutions.

The second necessity for accurate cost reporting, according to Mr. Wright, is the fact that hospital contributors and the public at large are becoming more interested and are seeking definite information concerning the number of part pay and free patients cared for by the hospitals.

The situation has a third factor of interest to hospitals of the smaller communities where municipal work is done on the contract basis. There are many instances in Ohio where municipalities are paying far less than the actual cost of patient care, and where if the cost were definitely known the contract basis could easily be increased.

Numerous other interesting points affecting hospital management are touched upon in Mr. Wright's report. Considerable attention is given to the subject of nurse training. In this connection the report says:

"There is a tendency to set higher educational standards as well as a tendency on the part of larger hospitals to affiliate with higher educational institutions. This is modern and progres-

sive and will result in an increasing number of nurses trained for educational work. But by what process will the public and hospitals secure adequate numbers of nurses trained especially for bed-side nursing?

"The problem is not so serious in the cities as in the rural districts and the rural counties in Ohio predominate. This problem was acute even before the war. The present law makes no provision for recognition of special hospitals such as children's and maternity hospitals which give a special course of nurse training.

"Without sacrificing attained standards and to the benefit of public welfare in general, is it not possible to remedy the situation in such a way that hospitals which desire to educate nurses for educational work may continue to do so and advance in this line but at the same time make it possible for other hospitals even in the smaller communities to graduate and have the services of a greater number of nurses especially trained for bedside nursing? And should not some plan be adopted or legislation enacted whereby state recognition may be given the special courses of training for pupil nurses for special work?"

The demand for two grades of nurse training is similar to the demand for two kinds of medical training. It is a growing demand, stimulated by the war, and in our opinion must be met in a very few years.

For Those Who Remain at Home

There are many physicians who have tried to join the Medical Reserve Corps of the Army but were denied this privilege because they had passed the age limit of 55 years or presented some physical disability that unfitted them for the strenuous work of the army surgeon. Those physicians were keenly disappointed, for in them the spirit was strong to serve their country. For all such members of the profession an opportunity will soon be presented to render loyal service to the country when the plan now being formulated by the National Council of Defense and the Medical Section of the Advisory Commission has been completed. This plan contemplates the formation of a Volunteer Medical Service Corps composed of physicians who were not eligible for the Medical Reserve Corps to form an organization that will meet such civic and military needs as are not already provided for. The rules for the formation of this corps and application forms for membership will soon be distributed and will fully explain the object and aim of the corps whereby physicians may render voluntary service to the country whenever and wherever practicable. The corps will respond to requests for service issued by the Surgeon General of the Army, the Surgeon General of the Navy, the Surgeon General of the Public Health Service or any other duly authorized department or associa-

tion. A state governing board of five members of the medical section of the state committee will have charge of the organization of the corps in the state and pass on all applications for membership. A designated mark has been authorized so that members of this corps can be recognized as having offered their services to our country in this time of need.

Noon-day Medical Meetings

The need of adoption of business-like methods to the practice of medicine is becoming more apparent every year. The value of business-like methods in medical organization has been demonstrated by the Ohio State Medical Association during the past four or five years. There is no reason why the same principles should not be carried out in county and local medical organizations. A recent example developed in Columbus illustrates our point.

The Columbus General Practitioners' Medical Society formerly held its meetings in the evening and frequently the attendance was exceedingly small. Secretary George W. Keil gave the matter considerable thought. He noticed that organizations of business men—such as the Rotary, Kiwanis and similar clubs—managed to secure rather complete attendance year in and year out. Imitating their methods, he suggested that the society change from evening to noon-day meetings. The plan has been very successful. The society meets at some down-town luncheon point at eleven-thirty. At twelve-fifteen the speaker or essayist starts and the meeting is brought to an abrupt close at twelve fifty-five. This offers the member doctor a pleasing form of relaxation and gives him a chance to rub elbows with his fellows, and at the same time does not consume a full evening and does not force him to bestir himself after a hard day's work. The average attendance at these meetings has more than trebled.

We suggest that the parallel might even be carried further. In some of the more active business clubs which hold regular noon-day meetings members are summarily dropped if they are absent without excuse from more than three successive meetings. This causes members to think twice before they permit other engagements to intervene. Why should not the same principle be applied to medical meetings? Certainly the business man can have no greater interest in his business club than the professional man has in his society work.

Columbus—Drs. W. D. Inglis, E. H. Ryan, C. S. Means and Yeatman Wardlow have taken a lease on property at 137 East State street and will erect a modern professional building thereon containing 14 suites of physicians' and dentists' offices. The property is owned by Dr. T. W. Rankin.

Original Articles

Tuberculosis Examination of Soldiers at Camp Zachary Taylor, Louisville, Ky.

M. J. Lighty, Captain, M. R. C., Cleveland, Ohio

THE work of the Tuberculosis and Cardio-vascular Examining Board at Camp Zachary Taylor to examine the first increment of the draft was begun October 29, 1917, and practically completed January 10, 1918. Of 21,000 soldiers examined, 475 or 2.25% were rejected on account of pulmonary tuberculosis. This percentage of rejections is about the same as that found in other camps. Otis' reports 2.3% of rejections in an examination of 29,500 soldiers of the National Guard of the New England States. While the variation in percentage of rejections in all organizations of the army where examinations for tuberculosis have been made and reported is but slight, it must not be forgotten that percentages will vary, as they depend upon several conditions, such as the accuracy and interpretation of the individual examiners comprising a board, as well as the general condition of the soldiers, their previous occupation and the places from which they were enlisted or drafted. Just as true as occupation and previous health will influence the condition of the recruit, so it is true that care of local draft boards and the accuracy of examining boards in the army will influence percentages. That it is well to reject the unfit tuberculous while an army is being organized is without question, in spite of the fact that it requires much painstaking work, beset with sufficient difficulties most of which are unavoidable.

When war was declared in Europe, England and France had no time to re-examine their armies for tuberculosis, and the effect was disastrous to the health of thousands of soldiers. But had England and France stopped for two or three months to make a routine examination to exclude the unfit tuberculous as well as those unfit from other conditions, the defense of the Allies might have been altogether different. Not long ago a very able and well informed clinician told me that it is supposed that France now has five to six hundred thousand tuberculous soldiers.

Major Edouard Rist², Medical Corps French Army, in quoting statistics which Prof. Landouzy reported to the French Academy of Medicine, says that in the first year France discharged no less than 86,000 men from the army on account of tuberculosis. Whether a proportionate number were discharged in each successive year is doubtful for, later on in the same article, Major Rist says "As

a matter of fact between 80 and 90% of these supposedly tuberculous soldiers were not tuberculous at all." Many were returned to the army. He also stated that while many of these diagnoses were made too hastily by all sorts of examiners both in and out of the army, much of the disease of these supposedly tuberculous soldiers was in the upper air passages. Sir William Osler has called attention to the fact that considerable tuberculosis in the army could be avoided, and diagnoses would perhaps be more accurate, if more attention were given to diseased tonsils and other abnormal conditions in the upper respiratory tract. But presuming that fully as many were discharged each year from the French army, the number of tuberculous soldiers in France would be far below six hundred thousand. And presuming also that three or even five percent will be the maximum number of tuberculous soldiers in an American army of 2,000,000 men, only sixty to one hundred thousand would be rejected. But to reject that number is fully worth while, and can be done with considerable accuracy.

In civilian practice there are many diagnosticians who are in one of three classes, none of which are considered ideal for army work in eliminating the unfit tuberculous. The *first* class of diagnosticians has a rather fixed opinion that every man is in the end a little tuberculous. Finesse in diagnosis might lead the examiner of this type to suspect and presume to find tuberculosis in the bulk of soldiers. Any ultra, or pseudo, scientific diagnosis of that type, without recognition of a fixed standard by the government could disorganize an army. (The government forbids the use of tuberculin in any manner.) The *second* class has a hit or miss method neither accurate or scientific, which of course leads to about as many wrong as correct diagnoses. Without conformity to government instructions this class would with equal frequency reject the physically fit and retain the physically unfit. The *third* class hesitates in diagnosis unless one or more absolutely positive signs are present. If the diagnosis were to be made only when tubercle bacilli are found, or all signs of the lungs were present, with a wasting condition, then most tuberculous would not be rejected until they were almost or altogether disabled. The army then would be burdened with the very infectious and incurable cases. Now the government wants no haphazard diagnosis. The extremists, and snap shot, and inattentive diagnosticians, who disregard the instructions of the government, are not the most suitable for this work.

* This account of the work at Camp Zachary Taylor was forwarded *The Journal* by Colonel G. E. Bushnell of the Surgeon General's Office, to which the late Captain Lighty (Cleveland) had submitted it for approval before offering it for publication.

To me it seems that the Surgeon General and those closely associated with him in this line of work have devised a plan for diagnosis that is most rational. The plan briefly stated is to make careful examinations, consider everything, but reject only on certain findings. A very explicit and comprehensive discussion of military diagnosis for tuberculosis is contained in two articles: Circular No. 20, War Department, Office of the Surgeon General, June 13, 1917, and "Diagnosis of Tuberculosis in Military Service," by Colonel George E. Bushnell (Military Surgeon, June, 1917). Circular No. 20 states the duties of the examiner so emphatically, specifically and clearly that they are here mentioned:

1. To exclude manifest tuberculosis from the army.
2. To hold in service men who allege tuberculosis as a ground for exemption or discharge on the basis of insufficient or incorrectly interpreted signs and symptoms.
3. To determine in the case of soldiers accepted for military service the existence of pulmonary tuberculosis, and to decide whether or not the disease has been incurred in line of duty.

The two articles referred to give very clear directions to examiners how to determine whether tuberculosis is present, and whether to maintain the soldier in, or reject him from the service. In making a diagnosis the examiner should commit himself to the finding of definite conditions. Some of the positive indications for rejection are here mentioned:

1. The presence of tubercle bacilli is cause for rejection.
2. Marked evidence of incipency, positive (not imaginary) symptoms, such as temperature, hemorrhages, cough, and night sweats, together with the well known, though sometimes rare physical signs of incipency, is another cause for rejection.
3. A chronic tuberculosis, active or quiescent, and usually not hard to demonstrate by physical signs in one or more lobes to a more or less degree is cause for rejection.
4. The X-Ray findings of a tuberculous infiltration not merely around the hilus of the lungs but with striations or tubercles extending into the periphery of the lungs is cause for rejection.

When any one of these four conditions exists the examiner may consider the soldier unfit for service. Now there are many very healthy looking subjects, practically free from symptoms, who after all show in a slight degree some of the physical signs under paragraphs 2, 3 and 4, and who on that account are retained in the army either with or without any waiver of disability for special service. But the acute incipient or actively chronic should never be retained. To retain a soldier with any form or degree of tuberculosis in the army requires consideration for his personal value to the service. Naturally under heavy strain, with an acute infection, he would be the first to break down.

In making an examination for pulmonary tuberculosis the soldier removes all clothing above the waist, and then while seated or standing, the examiner without questioning him about symptoms, except in certain instances, proceeds to elicit positive signs through inspection, palpitation, percussion and auscultation. It is my opinion that one minute of close inspection and five minutes of careful auscultation are worth more than ten

minutes of hard percussion. Persistent rales in any portion of the thorax limited to one or more lobes should make one very suspicious of pulmonary tuberculosis. "The only trustworthy sign of activity of apical tuberculosis is the presence of persistent moist rales," an "No examination for tuberculosis is complete without auscultation following a cough." If nothing is found by inspection and auscultation, or by other methods of eliciting signs, and if no further search for signs of tuberculosis is considered necessary, then the soldier's service record is stamped "Examined for Tuberculosis and Passed." If the examiner finds positive signs or is even very suspicious of them, he at once asks another member of the board to examine that soldier. If a second or third man should find positive signs, then notations are made and the soldier is requested to appear before a board of three officers comprising a disability board. This board, after a personal examination and consideration of the one made previously, decides whether the soldier is fit for service. In our work at Camp Taylor the question of having X-ray or sputum examinations made was usually decided by the Disability Board. We have had over 400 subjects X-rayed stereoscopically. In many instances the radiograph showed much more extensive trouble than was discovered by physical examination; in others the X-ray showed remarkably good lungs in spite of questionable physical signs. Roentgenology was usually used merely as an aid to the diagnosis, though in some cases it was the significant item which settled the diagnosis. It has added much to the interest of our work. Our entire staff, all members of which were encouraged to examine X-ray plates when their cases were ordered to be rayed, is grateful to the roentgenologists of the base hospital for their cooperation.

In our routine work very few incipient cases were seen. Perhaps some were overlooked, but a diagnosis based on the presence of tubercle bacilli was rare compared to those made on physical findings and the X-ray. As local examining boards would naturally prevent the worst cases from being drafted, our tuberculosis examining board was often confronted with border-line cases. Many times it was difficult to decide whether to retain or reject the soldier. However, our differences of opinion were usually easily settled as we considered the findings, and rarely was there much question about our decisions by other medical officers, or even by the regimental officers. Our work has been greatly facilitated through the cooperation of the Division Surgeon, Colonel J. H. Allen, as well as through the commanding officers of the hospital.

In the course of our examinations we saw some of the slackers, and it was with much regret that we were forced to reject some of them because they were tuberculous. Happily, though, the other and better type of manhood prevails in Camp Taylor. Possibility of being rejected brought fear

to many at the time of the examination. Some of those who were pronounced tuberculous absolutely begged us not to reject them. They were imbued with the feelings which many expressed in words—that to fight the Hun is glorious, but to fight tuberculosis is discouraging. Fortunately many of those rejected are not incurable, and perhaps doubt will prevail in the minds of many, and criticism may be made by them and others about our judgment. We saw that training of even a few months improved the general condition of the soldier. The longer most men are in training the more they desire to be retained in service until the war is over.

Too much cannot be said of the care which some of the local draft boards exercised in selecting their quota. From some of the larger cities the percentage of the physically fit was the highest; on the other hand, it was apparent that some draft boards in various districts of the three states from which the soldiers were sent to Camp Taylor must have done their work hastily and thoughtlessly.

Many of the hook-worm patients are also tuberculous. To our surprise we saw an unusual number of farmer boys with tuberculosis. With the farmer, as with others, environment, sanitation and previous condition of health has great influence over pulmonary conditions. Surely a careful outdoor life of a farmer ought to be ideal for health. We were also surprised at the frequency with which tuberculosis and illiteracy were associated. While I am aware that mental brilliancy and genius are very frequently associated, and believe that in many of them it is the keenness of mentality that prolongs the life of the tuberculous individual, I believe also that when illiteracy coexists with consumption the condition is well nigh hopeless.

On the whole it appears to me that our work was fairly well done. But it was far from perfect. It could not be otherwise considering all the circumstances under which it was made, occasionally and apparently in haste, and already our disability board is confronted with suspects sent to us by regimental medical officers from organizations examined two months ago. Some of these are tuberculous, but following the examination of any organization the number of suspects to be passed upon is a small fraction compared to the number previous to our routine examination of such organizations. In this camp are two infantry organizations of the regular army who were examined at another post by another board before they came to Camp Taylor, and these men were volunteers who would be the least likely to enlist if they were not in good health. In these two organizations there are fully as many tuberculous as we find subsequent to examinations which we have made of organizations ourselves, and in the majority of instances of such subsequent findings it is questionable whether the tuberculosis developed in line of duty.

I shall long remember two men whom I examined alone, as a member of the Reviewing Board. One, a farmer six feet and two inches high, flat chested, weighing only 138 pounds, had marked tuberculosis in every lobe of his lungs, as well as every curvature of the spine. He had a cork screw appearance and was a bad subject, though perfectly content. He gained four pounds during three months in the army. I am sure that neither his pulmonary tuberculosis nor spinal curvature were incurred in line of duty, but how he passed the local examining board where he was drafted, with all those defects, is hard to conceive unless it was mere recklessness. A first year medical student and an illiterate cobbler on a draft board should have exercised better judgment. The other was a slacker of the deepest dye. He said he couldn't understand how he ever "got by" his local examining board into army service. He had letters from physicians and others stating that he was unfit. He informed me that one doctor told him he had only one lung (though he produced no certificate from that physician). He also complained of flat foot and knew he had both heart and kidney disease. In addition to all of these troubles, he fainted frequently during drill. He was coughing slightly and had a few scattered rales in his lungs which were not persistent, but aside from these and a flat foot of only one degree he was a perfectly healthy subject. An X-ray of his chest showed lungs about as healthy as any ever seen. He had a very dejected look when he was pronounced "fit for service" and advised that in case of any fainting in the future he ought not move or allow anyone else to move him until he is over it. I am told he was married shortly thereafter. May his poor wife never find her husband slacking while in army service or any other.

The question has often been asked whether any instruction for future treatment is given to the discharged soldier who may be infectious to others. Our time would not permit giving each individual a course of instruction, and perhaps it is just as well not to present literature at this critical moment. It would be lost in the shuffle. But we have one set speech, short and emphatic—"Go home, get a good physician and make it a business to get well." Happily, very many have said they would do so, with the hope they might enlist later. To the division adjutant we report each week the names of those rejected, also the soldier's home address. This information is sent to the secretary of the National Tuberculosis Association who reports to the state board of health. By this plan a follow up method to regain health should soon go to each of those rejected. Home addresses are also furnished to the Surgeon General.

This camp is just getting over the worst of an epidemic of measles. About 1,500 measles cases have entered the hospital since last November. It is already noticeable that this infection, like

pneumonia, is the forerunner of some additional cases of tuberculosis. Many of the measles and pneumonia cases have been seriously ill and the mortality was not low. Per order of the Surgeon General, we are at present examining measles cases when they leave the hospital and return to duty. They are to be examined again one month later.

When we began our work examinations were made in vacant wards of the base hospital to which the various organizations were sent in companies. As the hospital began to be filled with patients, we were obliged to vacate and examinations subsequently were made in the various Y. M. C. A. buildings, and occasionally in the barracks. A vacant barrack building centrally located would be a most advantageous place for the future work of our examining board, though if space is available, the disability board, which is frequently requested to examine patients in the hospital wards, should conduct its work at the hospital, where laboratory facilities and X-ray equipment are accessible.

It is presumed that each officer should examine 50 soldiers in a day. We have not averaged that in our work, merely because of the many times we were disappointed in securing the organizations which were supposed to be assigned to us. However, there were many days when most of the officers examined as many as 75 and some-

times even 100. But that is too much work for one day—ears become sore through constant auscultation and after one examines 50 to 60 his power of concentration is about exhausted.

A staff composed of 16 medical officers, with stenographers and clerks, has made it possible to complete this work at Camp Taylor in 10 weeks. It should have been done in less time, and it is to be hoped that with the experience of the past and better facilities in the future the examination of the next draft will be both quicker and better.

I express a personal feeling when I say this work has many enjoyable phases to one who is content in doing only one line of work. To reject the unfit from the army is a task of no mean significance. It is better for the army and in the end ought to be better for the one rejected. Of course there are physicians both in and out of army service who would not consider such work interesting nor suited to their ability and dignity. To such I would answer that the army aims to be so organized as to make all work important. Some of the best practitioners, diagnosticians and clinicians of the land are serving on tuberculosis and cardiovascular boards, and modesty ought to forbid any and all of them to claim that they were the cream of the profession.

REFERENCES.

1. Boston Med. Jr., Jan. 10, 1918.
2. The Military Surgeon, Dec., 1917.

Spontaneous Perforations of Abdominal Viscera*

George Goodhue, M. D., Dayton

IN considering perforations of abdominal viscera I have confined myself to the spontaneous variety. I have thus limited myself because of the controversy among military writers relative to results of early and late operations in traumatic cases. I believe the findings of surgeons during the early part of the war were erroneous. They claimed that gunshot wounds of the abdomen unoperated showed a less mortality than those submitted to surgery. It is probable that they based their conclusions upon those cases that were able to get back to the base hospital. When we consider that only a few ever got back from the firing-line unless the character of the wound was such that nature could interpose some adhesive barrier, the comparison of results of early and late operations were probably unfair. The pendulum is already swinging back. Several of the most recent writers who have operated near the battle front within six hours of the injury, report three times the number of recoveries as upon those left for nature's treatment.

It will be interesting and instructive to note the statistics relative to traumatic perforations of abdominal viscera as shown by the experience

of our present war, but we must wait for its conclusion. This question of acute perforation of abdominal viscera is an extremely practical one because both physician and surgeon is confronted with it and upon his judgment at the first visit depends the life or death of his patient in the majority of instances. The physician rather than the surgeon usually seals the fate of his trusting patient. At this moment I recall two cases that illustrate the above statement. One, a young man with duodenal ulcer, on which a previous diagnosis had been made by his family physician and danger of perforation explained and symptoms of same given in detail and necessity of immediate surgical interference emphasized in case of perforation. While at work a few weeks after perforation occurred with collapse and pain and nearest doctor called. He made an overcoat examination and diagnosis of indigestion—filled him full of morphia and assured him that he would be all right in the morning. He was removed home in an ambulance and although quite comfortable remembered the symptoms portrayed of perforation and that death was the usual result unless the perforation should be promptly closed. He called his family physician who was also skilled in surgery. Patient was immediately removed to hospital and perforation closed. Rapid

*Read before the Surgical Section, Ohio State Medical Association, in annual session at Springfield, May 15, 1917.

convalescence ensued. His good fortune lay in the fact that he had a family physician who was a good diagnostician and up to date. He had noted the hunger pain and food relief and also had examined the faeces for occult hemorrhage. The nearby physician, either in a hurry to get to his dinner or in the habit of treating only symptoms, resorted to his hypodermic needle that is so often a delusion and a snare.

Our actual experiences bring home truths more emphatically than a multitude of abstract reasoning and accordingly I am going to relate another case.

A young man who had been troubled with indigestion for several years and had received the usual digestants and intestinal antiseptics in the way of treatment, was suddenly taken with violent pains in abdomen at 10 p. m. Fortunately the family physician was not in and pains were so severe that they could not wait for his return. A nearby physician, of large experience and possessed of intelligence and common sense beyond the usual degree, was called. A small amount of morphia did not control the pain. All of the abdominal muscles were rigid in the extreme. He told the family something had happened to the abdominal viscera. They suggested a medical consultant, but at his request a surgical consultant was called and a diagnosis made of perforation of some abdominal viscera, probably duodenal. Three hours later an incision was made over the duodenal region, ulcer found and perforation sewed. Convalescence was rapid.

In this case, ulcer was so large that its obliteration caused stenosis to such an extent that a gastroenterostomy was later necessary. The patient is now a hearty man in full vigor and able to perform most strenuous labor. Chance again saved a life. Had his family physician been obtainable at time of perforation, in all probability he would now be in a quiet grave. In all these years the family physician had been unable to make a diagnosis except that of indigestion. There are only two diseases of the stomach, ulcer and carcinoma. All other indigestion symptoms are caused by reflex nervous connection with some other organ. I have so far only spoken of perforation of ulcers of duodenum and yet these are more often cared for by nature's adhesions than those of any other viscera. The contents are relatively sterile and small by comparison with the stomach. Besides we have in this case the liver, gall bladder, suspensory ligament, transverse colon and omentum to act as a plug to such leaks. Yet in these cases nature does not often meet the demands.

Perforation of the stomach with its large contents has only the pancreas as its protective agent. Perforation of the gall bladder is one of the most fatal of any of the abdominal viscera. If discovered early this would not be the case for the contents of this organ are not highly infectious. But many of these patients have had biliary colic

before and have recovered after a few days of severe pain and are often hard to convince that anything unusual has occurred. This history is often misleading to the family physician. Perforation of the appendix is usually walled off by amental adhesions. Perforations of the pancreas or fat necrosis are attended with great mortality, yet in many cases, nature takes care of the infection and the patient after a desperate sickness recovers.

In cases of perforation of the urinary bladder no peritonitis appears for several days unless the bladder is infected. The patient often passes a fair amount of urine but the passage of a catheter usually causes, even with the greatest precaution, immediate symptoms of fulminant peritonitis. Nearly all cases of spontaneous perforations of abdominal viscera recover if operated during first eight hours. Every hour delayed is fraught with danger; collapse is caused by infection produced by outpouring of visceral contents. Stopping of same by immediate operation is demanded regardless of physical conditions. Death without operation is as sure as in cases of strangulated hernia and to sit idly by and await a possible improvement is equally reprehensible. If collapse has occurred because of infected material poured into abdominal cavity, stop the cause as soon as possible by sewing up the point of exit.

I believe that surgeons of experience all agree that immediate closure is demanded in every case where perforation of any abdominal viscera has occurred. This reduces the whole problem to that of diagnosis—not diagnosis preferably to cases subsequent to perforation, but if possible, to diagnosis prior to perforation.

Most cases of perforation of gall bladder, appendix, duodenum and stomach should have been forestalled by the family physician and the case turned over to surgeon before perforation. Sometimes this is impossible—sometimes symptoms are too atypical, more often the physician treats symptoms, makes careless examinations, charges two dollars a visit and entrusts his patient to Divine Providence.

I do not need to note symptoms of threatening perforations. They are ever before you if you will pursue the study of current events as shown by medical journals and recent publications. If you want to be a farmer or follower of Sunday in evangelistic work, give up your license as a practitioner of medicine and throw your whole soul along your line of special endeavor. Sometimes, however, the family physician has made the diagnosis and yet cannot control his patient. The family physician, however, if he has long been their advisor lacks something in his persuasive power, if he cannot lead them to further investigation. Sudden pain, perhaps vomiting and rigidity of abdominal muscles—no relief from ordinary injections of morphia, history of former in-

digestal troubles make you sure of spontaneous perforation of abdominal viscera.

Of all the symptoms, muscular rigidity of the abdominal wall is nearly pathognomonic.

Unless the history is fairly complete you may not know what viscus is involved, yet you may be sure that some abdominal organ has ruptured. I cannot emphasize too much the importance of persistent abdominal rigidity as a symptom of perforation. This, together with history, makes the surgeon confident that perforation exists and that prompt surgical interference will in the majority of cases save a life.

Morphia may have relieved the pain but if rigidity of abdominal muscles persists you may be assured that comfort is only the calm before the

storm. Too many of these cases are brought to the surgeon with peritonitis advanced, abdomen distended, and help implored when the time for help has passed.

It has been my purpose in writing this paper to awaken the general practitioner to the necessity of making a diagnosis of perforation at his first visit and insisting upon prompt action.

It may not be possible to differentiate the viscus involved but the picture presented is unusual and alarming.

It does not take keen discernment to note that a catastrophe has taken place. Pain and anxiety are depicted in every feature. Hesitancy and delay, under such conditions, means death and the opprobrium will rest on your shoulders. In these cases action is conservatism.

A New Canthoplasty for Trachomatous Conditions*

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THE use of a canthoplasty in certain phases of trachoma is not a new procedure and has been advocated by nearly all writers who have had large experiences with this disease. It is now just ten years, since I described the extirpation of the transitional folds and tarsal cartilage for the cure of trachoma,¹ and time and usage have proven the efficacy of this method.

But the present operation has an entirely different application, and finds its principle advantage in the old cicatricial stages with pannus, blepharophimosis and entropion, where a removal of the diseased conjunctiva is impractical because of the fact that nature in its effort to cure, has converted the entire sac into a shrunken mass of scar tissue. Therefore, not only is the sac greatly contracted with no healthy mucous membrane remaining, but also this contraction has narrowed the lid fissure and has caused distortion of the lids. The end results thereby produced are:

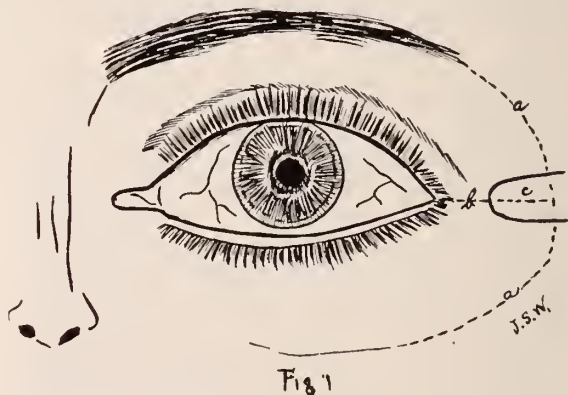
- (1) Insufficient ventilation and poor drainage.
- (2) Undue pressure upon the globe with a corresponding increase in corneal destruction.
- (3) Subjective suffering, from the blepharospasm and trichiasis.

Instead of applying copper sulphate or silver in these conditions and augmenting the already great physical sufferings, with little real benefit, it behooves us to apply a radical measure which will relieve the blepharospasm, enlarge the lid fissure to get improved drainage and make topical applications easier and more efficient.

The first real attempt at operation was made by David Prince in 1866, but a close study of his method reveals the fact that the correction of the existing entropion appealed more strongly to him than the widening of the fissure, and it is

this result that is produced. Since Prince's time many modifications and new procedures have been published. Herman Kuhnt, who has to my mind done more to systematize the treatment of trachoma than any one individual, perfected a canthoplasty which proved to be the original after which I patterned my own.

A canthoplasty is a permanent enlarging of



- a. Rim of bony orbit.
- b. Direction of external canthal ligament.
- c. Incision for the flap.

the lid fissure in contradistinction to a canthotomy, which is only a temporary measure. The ordinary canthoplasty uses the dissected conjunctiva to cover the tissue denuded by the splitting of the lids. This proves unavailing in trachoma as the contracted scarred membrane is already too small for its required function. It therefore devolves upon the operator to use a method of preventing the healing of the divided lids by other means, and although my method approaches that of Kuhnt in theory, the technique and application vary considerably. The idea is based upon the use of a small skin flap to cover the denuded canthal angle. Its performance is

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possible in any complication, and can be made practically painless with local anesthesia.

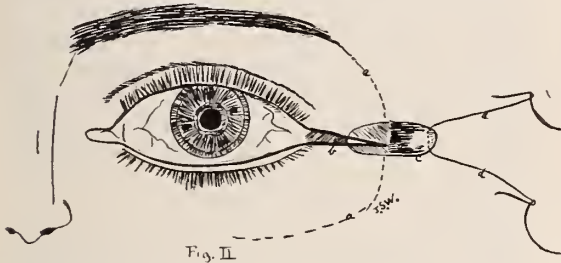
The instruments necessary are few. A horn plate, keratome, fine tooth forceps, straight strong scissors, needle holder, a black silk suture doubly armed with medium size curved surgical needles, and a hypodermic syringe for the anesthesia.

STERILIZATION

The lids and surrounding tissue are wiped with benzine and then washed with soap and water. I refrain from the use of iodine when skin flaps are required around the lids. The conjunctival sac is washed out with a sterile solution and the rest of the face is covered with gauze saturated with 1-1000 bichloride of mercury.

ANESTHESIA

The conjunctival sac is cocainized with 2-3 drops of 4% cocaine. The syringe is filled with

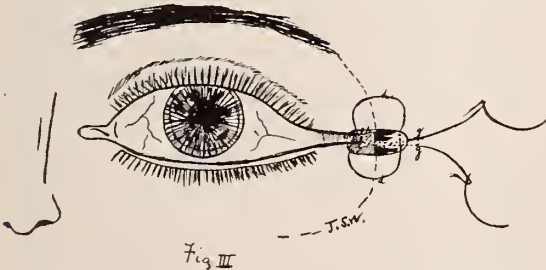


- b. Incision which lengthens lid fissure.
- c. Flap turned back.
- d. Doubled armed suture in flap.

six parts of 1% cocaine to two parts of adrenalin and the needle inserted on the conjunctival surface of the outer angle penetrating horizontally under the skin to a distance of about 5 mm. past the orbital rim. Only a few drops are used, but a wait of about five minutes is necessary to obtain the full advantage of the anesthesia and anemia.

OPERATION

After inserting the horn plate to protect the ball, the temporal side of the lids is put on a



- e. Entrances of suture above and below line of canthotomy.
- f. Exits of suture beyond the rim of the orbit.

stretch and the extent of the flap to be dissected, is outlined with the point of a keratome. This tongue of skin starts about 2 mm. beyond the orbital edge and 2 mm. above the horizontal prolongation of the lid fissure, is carried nasally for half the distance to the outer angle, curves around and returns to a point 2 mm. below the

horizontal exactly under the first incision. (Figure 1). This small skin flap is now carefully dissected up in its entirety and laid back upon the temple. Inserting one blade of a straight scissors into the conjunctival sac, a horizontal canthotomy is made, reaching to the bony edge of the orbit. The bleeding is very slight, due to the adrenalin. The double armed suture is now inserted through the tip of the flap from the skin surface inward. (Figure 2). The needles are then passed, one above, the other below the line of the canthotomy, horizontally entering under the palpebral conjunctiva in the extreme angle, passing over the bony edge under the skin of the temple and making their exit about a half inch from the rim of the orbit. (Figure 3). When these two ends are finally tied over a small roll of gauze, the flap is pulled between the cut edges of the skin and lines the angle, readily assuming the crease made by the pressure of the lids, and preventing the denuded surfaces from adhering. No dressing need be applied, as I find the open treatment most favorable for wounds in this locality. The suture is removed on the third day.

ADVANTAGES

- (1) Operation is easy to perform.
- (2) Makes a permanently large fissure.
- (3) The patient suffers little discomfort, and need not remain in bed.

The Doctors White in their article of recent date,² maintain that the Kuhnt flap does not give a permanent result. However, as far as my flap turning method is concerned, I must take issue with this statement. I have been performing the same canthoplasty for over five years, and after this length of time feel that the results have justified my method. Although the White method is most appealing and most ably described, I have never used it, as I feel that the technique of the flap operation is much easier, and I believe that the cosmetic results, none too good at best, are also more favorable.

REFERENCES

- ¹ Lancet Clinic, Sept. 7, 1910.
- ² Ophthalmic Record, March 1917.

THE CARREL-DAKIN WOUND TREATMENT.—William H. Welch writes that he was most favorably impressed with the Carrel treatment of wounds, and believes that Carrel should receive credit for calling attention to the possibility of the sterilization of infected wounds by chemical means. He holds that while undoubtedly the technic of the Carrel treatment is elaborate and requires an intelligence and skill on the part of the surgeon which cannot be counted on for the average surgeon, and that while the preparation of the neutral solution of sodium hypochlorite also requires chemical skill, surgeons should acquaint themselves with the principles and technic, and try to overcome the difficulties of applying the treatment. (Jour. A. M. A., Dec. 8, 1917, p. 1994.)

Control of Venereal Disease in Ohio

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SURGEON GENERAL GORGAS makes the startling statement that "if a method were offered to the army which would put every wounded man back in the trenches sound and well on the second day and that if an alternative method were presented which would eliminate venereal disease—the army would choose the elimination of venereal disease. This choice at the end of the year would give the army more men in the trenches and a more efficient fighting force." Pusey estimates that we have anywhere from 5 to 10 million syphilitics in America and Osler puts syphilis next to tuberculosis, pneumonia and cancer as cause of death. Biggs estimates 25,000 deaths last year in the United States from syphilis. In money it costs the nation millions of dollars a year to care for our syphilitic insane alone which on a conservative basis comprise at least 15% of the occupants of our asylums. This cost to Ohio alone represented around \$1,500,000.00 last year according to Dr. Hyde, superintendent Newburg State Asylum.

Venereal disease is peculiarly a menace to those in military service and we have already been quoted as saying that 50% more of the Canadians have been rendered "hors de combat" in London than in the first line trenches. This menace has already been brought to the attention of the government and of the medical profession more or less and it now should be the duty of all to rise and combat this evil coming during this present crisis. The government already has efficient organizations in the army and cantonments but what of our states and cities? Recognizing the danger to her citizens and to her soldiers, the legislature of California recently made an appropriation of \$60,000 and under the efficient leadership of Dr. Harry G. Irvine of the University of Minnesota, has attacked the problem vigorously. They have publicity campaigns for both the public and for the profession. The venereal diseases have been made reportable with heavy fines for failure to do so. Hospitalization for acute cases is enforced and new hospitals opened. Free diagnosis and treatment is also given. In Minnesota like measures are also being taken. The city of New York requires these diseases to be reported and has free day and night clinics for diagnosing and treating them. In Cleveland, we have a free day clinic in connection with the Lakeside Hospital where new and old cases were treated this past year. If the patient be in a condition dangerous to others, he or she is sent to Cleveland City Hospital for a space of two weeks. Here they receive daily mercury injections and at least three injections of Salvarsan—thus releasing them, no longer a danger or menace to the public. If the patient refuses to enter the hospital, the strong arm of the law in the form

of the Board of Health steps in and forces them to go. The past year, with a total of only some 20 beds, we have treated 262 patients and given on an average of $2\frac{1}{4}$ Salvarsan treatments free at a cost to the city of Cleveland of \$1092.70. There were 14 cases of primary syphilis including two extragenital chancres, 154 of secondary lues, 60 of tertiary and 34 of late syphilis. Cases of cerebrospinal syphilis, tabes, paresis, etc., are not included on this service at present. On leaving the hospital the patient is immediately sent back to the free skin and syphilis clinic at Lakeside Hospital for ambulatory treatment. If they can pay a small fee they enter the night clinic running three times a week and already treating 35 to 40 patients a night. Our patients are all instructed and card-indexed so that our efficient social service workers keep close check on them, notify them by card or visit them. Thus the past year we have succeeded in holding 65% of them to careful conscientious treatment—and this too in a class and city where one has many so-called "floaters".

These examples will serve our purpose and illustrate what must be done in Ohio to protect the soldiers in our borders and likewise to protect ourselves. Our legislature should make an appropriation, create a special Bureau of Venereal Diseases and secure an efficient, up-to-date director or adviser. We must have more stringent laws as to reporting these cases; prostitution should be absolutely interdicted—including the "Red Light District." Thus in Cleveland, Warner has shown that in the eight months before closing this district, we had 112 fresh cases of syphilis in our clinics and in a somewhat later eight months, after the closing of this zone, we had only 53 cases. The legislature should make laws placing all dangerous cases in hospitals suitable for the purpose and left there until free from danger. The sources of the cases should also be amenable to laws. The public should receive some much needed instruction through the newspapers, and no doubt a certain amount would be welcomed by the general medical profession—especially on diseases where our ideas have changed so much in the past few years.

Approved (i. e. after inspection) dispensaries and night clinics for the free treatment of these diseases should be established in every city and hospital prepared to take care of these cases. Moreover, the state should furnish free examination of the blood and free Salvarsan where required. These and many other details not dwelt on here should be taken up by the state at once. Moreover, by so doing it will do much good and save the government the trouble, as we understand that this type of reform is to be soon instituted in the entire nation.

The Results of Animals Inoculations With Material Obtained From the Tonsils of Cases of Acute Rheumatic Fever*

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THE work done in the past few years upon the tonsils as portal of entry for various pathogenic organisms has placed them upon a pinnacle of importance in the human economy. They have been accused of many crimes, perhaps justly so in many cases, and numberless tonsils receive the death penalty weekly. The accusation which has stood longest is that it is through the tonsillar tissue that organisms enter the blood stream, to localize in joints and *there* give rise to that symptom complex known as acute multiple arthritis, acute rheumatic fever, acute infectious arthritis, etc., and its various so-called complications. The relation between tonsillitis and rheumatism had long been recognized, having been mentioned by Trousseau¹ and Fowler² in 1880 and Cheadle³ in 1888.

Sahli⁴ in 1892 discovered the *Staphylococcus pyogenes citreus* in the synovial membrane and in the pericardial exudate in a case of rheumatic fever, and stated that he thought acute rheumatic fever was due to staphylococcus infection—perhaps an attenuated form of the organism.

Achalme⁵ in 1891 isolated from the blood of patients, who succumbed to rheumatic fever, a bacillus resembling in many respects the anthrax bacillus, which grew anaerobically. In 1897 he published histories of nine cases in which the organism had been found, and gave the results of animal inoculations. A clinical picture of arthritis as it occurs in man did not appear in the experimental animals.

Thirollox⁶ confirmed these observations in a series of papers. Triboulet also found this organism, but later Triboulet and Coven⁷ found a diplococcus in five cases, associated in two of the cases with Achalme's bacillus. This diplococcus produced endocarditis but no joint infections. Singer⁸ considered that rheumatic fever was not a specific disease, but was due to streptococcal and staphylococcal infections.

In 1899 Westphal, Wassermann and Malkoff⁹ isolated an organism from the brain of a fatal case of chorea following an acute rheumatism, which, when injected into rabbits, produced fever and multiple arthritis. This organism appeared in the tissue as a diplococcus but grew as a streptococcus in fluid media. The organism isolated from the lesions in rabbits produced similar changes when inoculated into a second series of rabbits. This organism was probably closely related to the organism described by Triboulet in

1897.

In 1900 Poynton and Payne¹⁰ reported the finding of an organism which grew as a streptococcus in liquid media, but appeared as a diplococcus in the tissues of experimental animals and man.

They obtained this organism from the joints, blood and heart valve lesions of several cases, and later published the records of several experiments in which they found the same organism in the tonsils of acute rheumatic cases. They thought this organism was the specific cause of acute rheumatic fever and suggested the name "*micrococcus rheumaticus*," for the coccus found by them, which they considered to be probably identical with the organism described by Westphal, Wasserman and Malkoff.

Phillips¹¹, Cole¹² and Beattie¹³ failed later to recover this organism from the joints, and other workers were unsuccessful in obtaining it from the blood, so that the work of Poynton and Payne was widely questioned for many years.

Finally, Rosenow¹⁴ succeeded in a series of cases, in isolating streptococci similar to those described by Poynton and Payne. He found that these streptococci fell into three groups, differing slightly in cultural characters and the type of lesions produced in animals. This probably explains the variations in names that had been given to the organisms by previous workers. Rosenow also found this organism in the circulating blood, tonsils, alveolar abscesses and other foci in the various cases.

Rosenow has further confirmed this work, and it has also been repeated by other workers, though some question still exists as to whether all acute arthritis is streptococcal in origin. Steinharter¹⁵, working with staphylococci, has succeeded in reproducing joint lesions by intravenous injection of this organism into rabbits.

Thus, the relation between tonsillitis and acute rheumatic fever has been given a firm foundation, and tonsillectomy has received an added stimulus.

Last year Morris¹⁶ reported a series of cases of acute rheumatic fever from the Medical Service of the Cincinnati General Hospital in which tonsillectomy was performed as soon as the Laryngological Service thought the throat had cleared sufficiently to risk the operation. This was frequently at the height of the acute attack of rheumatism and most of the cases showed exceedingly rapid improvement with surprisingly few complications. This winter we attempted to do the same thing again, studying at the same time the effects of the organisms isolated from the tonsils of these cases upon rabbits. Some

*Read before the Eye, Ear, Nose and Throat Section, Ohio State Medical Association, in annual session at Springfield, May 14, 1917.

simple hypertrophied tonsils were also studied as controls.

Unfortunately the number of suitable cases was considerably less this winter than last, and the series is not as long as we should have liked it to be. Our aim was to utilize some constant method of procedure in handling the material so that each culture when injected into the experimental animals should have been influenced by exactly the same factors, thereby permitting, as we felt, primary variations in the strains of organisms used to show themselves more clearly because uninfluenced by variations in cultural methods.

The work of Rosenow and others has shown that the tissue localization and types of organisms can be altered by varying the cultural conditions under which the organisms are grown.

The method used in all the cases except the first case of arthritis was as follows: The tonsils were received, upon removal, in sterile gauze and taken at once to the laboratory. Here they were placed in a sterile mortar with sterile sand and 10 c. c. of sterile salt solution, and ground thoroughly, being protected during this time from contamination by bacteria from the air. The suspension thus obtained was placed in sterile tubes and centrifuged at low speed for one minute, to throw out the large particles. Then 5 c. c. of the supernatant fluid was planted in 150 c. c. of 10% ascites, 2% dextrose broth titrated to 1% acid. This broth was contained in tall cylindrical bottles, giving a deep column of broth, as advised by Rosenow. The inoculated broth was incubated at 37.5° C. for 20 hours and then the growth was sedimented by centrifuging the bottles at high speed until sedimentation was complete. The supernatant broth was poured off, and 10 c. c. of sterile normal salt solution was added and the bottle shaken until suspension of the sediment was obtained. Thus 1 c. c. of the suspension contained approximately the growth from 15 c. c. of the broth culture.

Half grown rabbits were used in all experiments, and two animals were used for each experiment, one receiving 1 c.c. and the other 2 c.c. of the suspension in the ear vein. Smears of the suspension were stained for microscopic examination, and some of the suspension was diluted and spread upon human blood agar plates to study the organisms present.

The tonsils of fifteen cases were studied. Eight of the cases were simple tonsillar hypertrophy only, while seven were cases of acute multiple arthritis. The tonsils of the first case of this series of arthritides were not studied after removal, but pus was expressed from them during the height of the rheumatic attack, cultured, and animals injected by Dr. Wherry of the Department of Bacteriology.

The histories of these cases of simple tonsillar hypertrophy are insignificant, but a short resume of each case of arthritis will be given.

Case No. 1 was a nurse aged 20, who two weeks after the onset of an acute follicular tonsillitis, developed an acute appendicitis. She was operated upon within eighteen hours of the onset and a badly inflamed appendix was removed. Three days after the operation she developed an acute multiple arthritis involving the hands, wrists, elbows, shoulders and knees, and two days after the joint symptoms had appeared, pus was expressed from her tonsils by Dr. Rosenow and cultured according to his method. The next day two rabbits were injected with some of the twenty-four hour culture and one rabbit died in 12 hours of septicemia. The second was killed in forty-eight hours, and showed a multiple arthritis and a suppurative myocarditis. Dr. Wherry recovered a white staphylococcus from the joints and heart muscle.

Case No. 2 was a woman, aged 38, who was recovering from an acute multiple arthritis. The joints were still painful and she had at times slight elevations of temperature. The tonsils were abscessed. Both experimental animals became lame forty-eight hours after the injection and upon autopsy, three and five days, respectively, after the injection, both showed multiple arthritis involving the knees, ankles, elbows and shoulder joints; some of the joints contained cloudy mucoid material and other pus. All of the joint exudates contained numerous streptococci, both microscopically and culturally. This organism was gram positive, non-hemolytic and did not produce green upon human blood-agar. A first sub-culture introduced into pair of rabbits produced a similar arthritis in one, the other animal which received a larger dose dying within twelve hours. The organism was recovered from the joints of the rabbit with arthritis.

Case No. 3 was a man, aged 44, who had his tonsils removed five days after recovery from an acute articular rheumatism. His joint pain had been absent and his temperature normal for five days. Neither animal showed any lesions.

Case No. 4 was a woman, aged 42, who had had repeated attacks of tonsilitis until five years before admission into the hospital, when she had an attack of acute articular rheumatism following one of her attacks of tonsillitis. Since that time she had no more tonsillitis, but suffered repeated attacks of rheumatism and two attacks of rheumatic iritis, the second attack being at its height when she was admitted to the hospital. One shoulder was also swollen and painful, and the patient was having some fever. The tonsils were removed during the acute disease, but after improvement of the iritis, and were found to contain much scar tissue and several small abscesses. The two animals used in this experiment showed multiple arthritis but no iritis. The joint fluid contained many leucocytes and numerous gram negative streptococci, which grew on human blood-agar as gram positive non-hemolytic and non-green producing streptococci.

Case No. 5 was a boy, aged 15, who had had a tonsillectomy years before. He had old mitral and aortic valve lesions and, on admission to the hospital, an acute arthritis involving both knee joints. Two blood cultures made during the attack were sterile. Twenty-five days after his arthritis had disappeared and his temperature had become normal, a pus containing tonsil stump was removed and used for this experiment. Neither rabbit showed any lesion.

Case No. 6 was a man, aged 49, who was suffering from an acute articular rheumatism. Blood culture was sterile. Ten days after the subsidence of the arthritis and fever the tonsils were removed and cultured. Neither animal showed any lesion.

Case No. 7 was a negro man, aged 24, suffering from his second attack of acute rheumatism. Three days after fever and joint symptoms had disappeared his tonsils were removed and used in this experiment. Neither animal showed any lesions.

Sixteen animals were used in the series of seven cases, and of these six or 37.5% showed joint involvement. Excluding three animals which died within twelve hours from the immediate effects of the injections, six out of thirteen or 46% developed arthritis. The six animals showing arthritis were inoculated with material from three cases, those having fever and joint involvement at the time the tonsillar material was obtained. There were eight animals used in these three cases so that 75% showed joint lesions, or excluding two dying from the immediate effects of the injection, 100% of the animals used developed arthritis.

No arthritis appeared in the sixteen rabbits used in the series of cases of tonsillar hypertrophy. Two rabbits used in one case showed lesions, one a fresh vegetative tricuspid endocarditis, smears of the vegetation showing masses of streptococci, and the other an ulcer of the gastric mucosa near the pylorus. No streptococci could be seen in smears from this ulcer and we were unable to grow organisms from the vegetation or the gastric ulcer. The patient from which this material was obtained showed no clinical evidence of active endocardial involvement or gastric ulcer when the tonsillectomy was performed.

These results were obtained in a series of cases too few to be of value in drawing final conclusions of any kind, but it is interesting to note that, using a standard procedure in all experiments, experimental arthritis was produced only by cultures obtained from patients at a time when fever and joint involvement were evident. Cases in which fever and arthritis had been absent for from three to twenty-five days gave no positive results in the experimental animals.

Non-hemolytic streptococci predominated in fourteen cases, while in the first arthritis case the

organisms present in the culture were not studied. This is contrary to the reports of several observers who have reported hemolytic streptococci as the predominant organism. Davis¹⁷ in 1912, published his investigations upon the organisms in the tonsils of twenty-eight cases of chronic arthritis, finding hemolytic streptococci in all and predominating in twenty-five of the twenty-eight cases. Fifteen of seventeen strains tried out in rabbits produced arthritis. He also investigated the flora of sixty-one cases of simple tonsillar hypertrophy and found hemolytic streptococci predominating in fifty cases.

SUMMARY AND CONCLUSIONS.

1. Material obtained from eight cases of simple hypertrophied tonsils failed to produce arthritis in rabbits.

2. Material obtained from the tonsils of four cases of acute rheumatic fever in which fever and joint involvement had been absent for from three to twenty-five days failed to produce arthritis in animals.

3. Material obtained from the tonsils of three cases of acute rheumatic fever during the presence of fever and joint involvement, produced arthritis in all of the animals surviving the immediate effects of the inoculations. Two of these cases showed gram positive non-hemolytic non-green producing streptococci in the joint fluid and the other a staphylococcus albus.

4. Non-hemolytic streptococci predominated in cultures from the tonsils of fourteen of the fifteen cases studied. One case was not studied in this manner.

5. These findings suggest that perhaps it is better to remove tonsils during an acute attack of rheumatism while the organism present is localizing in joint surfaces, rather than to delay too long until its tissue localization changes in favor of heart valve, appendix, etc. Certainly the joints may flare up, but that is not as permanently injurious to a patient as a heart valve or muscle infection, and usually subsides in a very few days. It goes without saying, however, that the tonsils should not be removed unless the acute process within them has subsided sufficiently to justify the operation.

REFERENCES.

1. Trousseau. *Clinical Medicine*, II, p. 466.
2. Fowler. *Lancet*, 1880, II, p. 933.
3. Cheadle. *Harveian Lectures*, 1888.
4. Sahli. *Correspondenzblatt für Schweizer Aerzte*, 1892, XXII.
5. Achalmé. *Comptes Rend. de la Soc. de Biol.* 1891.
6. Thiroloix. *La Semaine Médicale*, 1896, p. 376. *Ibid.* p. 420. *Comptes Rend. de la Soc. de Biol.* 1896, p. 268. *Ibid.* No. 30, p. 882. *Ibid.* No. 34, p. 945.
7. Triboulet and Coyon. *Bull. et Memoire de la Soc. Med. Hopitaux*, 1898, p. 93.
8. Singer. *Aetiologie u. Klinik des Akuten Gelenkrheumatismus*.
9. Westphal, Wassermann and Malkoff. *Berlin. Klin. Wchnschr.*, 1899, No. 29, p. 638.
10. Poynton and Payne. *Lancet*, 1900, II, p. 861.
11. Phillips. *Deutsch. Arch. f. klin. Med.* 1903, 76, p. 150.
12. Cole. *Jour. Inf. Dis.* 1904, I, p. 714.
13. Beattie. *Brit. Med. Jour.* 1906, II, p. 266.
14. Rosenow. *Jour. Inf. Dis.* 1914, XIV, p. 61.
15. Steinharter. *Bost. Med. & Surg. Jour.*, 1916, CLXXV, No. 2, p. 59.
16. Morris. *Jour. Lab. and Clin. Med.* 1916, II, 3, p. 168.
17. Davis. *Jour. Inf. Dis.* 1912, X, p. 148.

State Association Membership is Falling Behind--Won't You Help in Your County?

The war is having its effect on our Association. Last year we had 4611 members in good standing. This year the best we have been able to reach thus far is 4069.

As every member pays into the State Association \$4.00 per year, this means a deficit in our annual budget of nearly \$2500, and will mean curtailment of our Association work unless the situation is remedied.

The reason is easily understood. In many counties the physicians who in past years were most active in organization work now are either in the active military service or are devoting the majority of their time to draft board work. A large number of county society positions have been taken by men who are inexperienced in the fine art of keeping the medical association in motion. These men have worked splendidly, and deserve great credit, but the net result is a falling off in membership.

This can be remedied, and we feel sure that it will be remedied—for the Ohio State Medical Association must keep up its march of progress, and nothing in these critical times should be per-

mitted to interfere.

We suggest that you scan carefully the tabulation on this page, which shows the comparative membership standing of each county. To date 31 counties have qualified in the One Hundred Per Cent. Club for 1918. Some of these, notably, Columbiana, Erie, Lawrence, Butler and Logan, have made appreciable gains over last year. We particularly call your attention to the figures in Lucas County—the first of the larger counties to qualify.

Let's make April a "hurry-up" month and bring into the fold those members who have not yet qualified. Practically all of the delinquents are men in civil practice, as nearly all of the county societies have paid the dues of those members who have entered military service. With most of these delinquents, it is merely a case of oversight due to the fact that they have been unusually busy.

If the secretary and treasurer of each county society will do a little extra work during this month, we can put thirty more counties "over the top" before the next issue of *The Journal*.

One Hundred Per Cent. Club

County	Membership		County	Membership	
	1917	1918		1917	1918
1. Ottawa	15	15	16. Crawford	33	35
2. Medina	22	25	17. Pike	11	11
3. Jackson	19	19	18. Sandusky	27	29
4. Columbiana	63	69	19. Adams	18	18
5. Lake	21	23	20. Shelby	19	20
6. Ashland	20	20	21. Monroe	9	10
7. Meigs	14	14	22. Logan	35	40
8. Pickaway	25	25	23. Harrison	15	17
9. Warren	30	30	24. Lorain	68	68
10. Erie	24	32	25. Vinton	7	7
11. Lawrence	20	27	26. Ashtabula	38	38
12. Seneca	35	35	27. Mercer	26	27
13. Morgan	13	14	28. Lucas	220	224
14. Belmont	63	64	29. Greene	38	39
15. Butler	53	62	30. Jefferson	49	50
			31. Marion	43	45

Not in One Hundred Per Cent. Club

County	Membership		County	Membership	
	1917	1918		1917	1918
Allen	86	61	Darke	51	50
Athens	57	47	Defiance	13	11
Auglaize	35	32	Delaware	30	26
Brown	10	9	Fairfield	39	38
Champaign	26	24	Fayette	14	8
Clark	72	67	Franklin	338	284
Clermont	12	8	Fulton	27	17
Clinton	25	24	Gallia	29	22
Coshocton	21	18	Geauga	12	10
Cuyahoga	542	432	Guernsey	28	22

County	Membership		County	Membership	
	1917	1918		1917	1918
Hamilton	477	398	Perry	24	23
Hancock	42	35	Portage	27	23
Hardin	27	23	Preble	20	17
Henry	25	18	Putnam	31	25
Highland	29	26	Richland	51	53
Hocking	12	9	Ross	37	32
Holmes	12	11	Scioto	54	51
Huron	20	19	Stark	137	120
Knox	29	18	Summit	177	94
Licking	41	36	Trumbull	41	26
Madison	21	20	Tuscarawas	50	43
Mahoning	120	107	Union	20	19
Miami	51	40	Van Wert	32	27
Montgomery	171	165	Washington	51	33
Morrow	14	8	Wayne	30	26
Muskingum	53	51	Williams	29	16
Noble	7	5	Wood	50	42
Paulding	21	20	Wyandot	13	9

NEWS NOTES OF OHIO

Tiffin—Dr. George L. Lambright has moved to Detroit.

London—Dr. and Mrs. W. F. Smeltzer are visitors in California.

Cadiz—Dr. John H. Mattern is spending the winter in Florida.

Dayton—The wife of Dr. Sylvester A. Broughman died February 8.

Dayton—Dr. O. W. Edmond, a former practitioner of this city and mayor of Frankfort, Indiana, died February 17.

South Amherst—Dr. Harry W. Powers visited his son at Camp Custer, Battle Creek, Michigan, during late February.

New Philadelphia—Dr. F. B. Larimore has returned from Mt. Carmel Hospital, Columbus, where he underwent an operation.

Clarrington—Dr. W. B. Tracy took up his duties as a member of the staff of Mayview Hospital, Mayview, Pennsylvania, March 15.

Massillon—Dr. J. H. Cooper of Navarre has moved to this city. He will occupy the rooms formerly occupied by Dr. J. J. South.

Delaware—Dr. and Mrs. C. W. Chidester have returned from a several weeks' trip through North Carolina, South Carolina and Florida.

Dayton—Dr. L. B. Courtright has succeeded Dr. W. B. Bryant as city staff physician. Dr. Bryant resigned to devote his entire time to private practice.

Danville—Dr. C. L. Harmer has been appointed coroner of Knox County to fill the vacancy caused by the resignation of Dr. Paul Stokes, who lately located in Zanesville.

Bellefontaine—Dr. Frank R. Makemson has been appointed health officer for Harrison township to succeed Dr. C. K. Startzman, who has entered Army service.

Fletcher—Dr. Isaac Kiser has returned here after spending several months as an interne at Barnes Hospital, St. Louis. Dr. Kiser will begin practice in Piqua soon.

Lima—Dr. E. G. Weadock was relieved of a watch and a diamond ring, February 28, by a visitor to his office, who represented himself to be "Dr. Charles Smith of Detroit."

Cincinnati—Dr. C. A. L. Reed has returned from a two months stay in California. He has entirely recovered from his recent illness and expects to resume practice in April.

Columbus—Dr. William E. Edmiston has succeeded Dr. E. J. Emerick, superintendent of the Institution for the Feeble-Minded, as medical member of local draft board No. 2.

Springfield—Dr. C. L. Minor addressed the local Rotary Club, February 25, on the work of the Springfield Red Cross Chapter in assisting dependent families of soldiers and sailors.

Columbus—Dr. H. L. Goddard of Vineland, New Jersey, has been employed by the State Board of Administration to head the State Bureau of Juvenile Research, at a salary of \$7,500 per year.

Toledo—Physicians of East Toledo have announced an advance in fees. Calls that were \$1.50 are now \$2.00, and night calls after eight are \$3.00, with further increase for calls made after midnight. Increased cost of drugs and other features of medical practice is given as the cause.

Wellston—Dr. John E. Sylvester narrowly escaped death, February 10, when his machine was struck by a freight train. The machine was hurled about twenty feet and the doctor was thrown out, sustaining a slight scalp wound, sprained back and hand and bruised leg and foot.

Anti-Tuberculosis Propagandists Adopt Constructive Program for Work in Ohio

The Ohio Society for the Prevention of Tuberculosis, of which Dr. A. C. Bachmeyer is president, has issued in printed form a summary of the objectives toward which the organization will work in the future. There are eighteen separate items in the new program. All are important, and taken together constitute a complete working plan by which the organized propaganda against tuberculosis will be materially strengthened. Some are particularly interesting.

Every available resource is to be centered on the completion of tuberculosis hospitals throughout the state. At present there are two municipal, three county, five district and one state hospital. In addition eight counties have contracted on an annual basis with a private hospital for the care of tuberculosis patients as public charges. The existing institutions leave sixty-one of the eighty-eight counties without direct provision for tuberculosis hospitalization, and these have been tentatively grouped into twelve proposed tuberculosis hospital districts. The work of developing these inter-county districts will be pushed.

An effort will be made to secure additional state appropriations so that the state department of health may employ at least four public health nurses to serve as regional representatives of the state supervising nurse. The multiplication of health nursing centers throughout Ohio has grown so rapidly that it has become a physical impossibility for the state supervising nurse to keep in personal contact with these centers.

An effort will be made to induce each city with a population of five thousand or more to employ at least one public health nurse, and to secure a public health nurse in each county to supervise the work in rural districts. The law now provides for the employment of county nurses and an attempt will be made next year to amend the statute so that municipal officials may do likewise.

Every effort will be made to secure public tuberculosis dispensaries or clinics in each county seat town. This was made possible by the legislature last year. The development of this field constitutes one of the most important factors in the fight against tuberculosis.

It will be necessary to secure from the legislature an additional appropriation of practically fifty thousand dollars for the erection of a permanent hospital building at the Ohio State Sanatorium near Mt. Vernon. The money was appropriated in 1915, but the contracts were delayed and the money reverted to the general fund. An effort will be made to secure in addition a separate cottage for children between seven and eighteen years of age and two additional convalescent cottages. The present equipment of the sanatorium consists of two reception cottages and

eight open air pavilions with a total bed capacity of 170. The additional buildings are greatly needed.

An effort will be made to modify the present state tax laws so that any municipality, subject to the approval of a referendum vote, may create a special tuberculosis fund of not to exceed one mill on the dollar, which will be free from any tax limitations and may be applied to sanatorium, dispensary or nursing service. Such an amendment would be of tremendous value in those communities which desire to fight tuberculosis intensively.

An effort will be made to secure legislation making compulsory the physical examination of all persons who handle food and providing for excluding from that kind of service those who have communicable diseases.

The above are the main features of the program. There are numerous other points included to improve the operation of the state and volunteer anti-tuberculosis propaganda. In Ohio the campaign against tuberculosis for years has been on a systematic basis. In 1911 the first program was adopted and by 1914 its aims had been accomplished. In that year a second program was drafted and in turn its main points have become established facts. Inasmuch as the state in recent years is taking an increasingly active part in the propaganda it is reasonable to believe that the new campaign objectives will be accomplished in the next two or three years.

Aside from the direct results accomplished in combating tuberculosis, the propagandists in this field have rendered valuable service in proving that campaigns against disease may be operated on business-like principles. The idea is spreading. The propaganda against cancer, for example, is being modeled after the tuberculosis plan. In a few years similar movements will be in force against practically all of the disease conditions that may be remedied by education.

ROTARIANS ARE BUSY

President Smith of the State Association also serves as chairman of the Physician's and Surgeon's Section of the International Association of Rotary Clubs—which includes about 820 widely scattered Aesculapii. Just now, through that organization, he is directing an important work. The Surgeon General has asked Rotarians to help spread the gospel of the communicability of venereal disease. This will be done through Rotarian doctors in each club, working in conjunction with local medical organizations and public health agencies. In this way a vast public will be reached with information that too long has been enshrouded in the silence of false modesty.

Ohio School Officials are Discovering the Merits of Medical Supervision for School Children

For many years the medical profession in this state has campaigned, in season and out, for the general adoption of medical inspection and physical supervision for school children. The attitude of the profession was misunderstood, as it has been on many other points. Anti-medical propagandists for years have denounced school inspection as "another scheme of the medical trust." It is now pleasing to note that the demand for such physical supervision, in this state, at least, is coming from another source—the school authorities.

Mr. Francis B. Pearson, state superintendent of public instruction for Ohio, has completed a survey which he made to ascertain the extent of medical supervision now in effect and the value of the work in communities where it has been established. He recently issued a public statement in which he states that school men are becoming aroused to the necessity of this form of health work and that in his opinion this aroused interest is one of the greatest benefits that has followed the enactment of the rural school code. Mr. Pearson's findings are interesting and indicate that there is great field for improvement in this state.

He found that in the cities not more than half have medical supervision. Out of 53, less than half have supervision by a physician employed for part or full time service. Thirty-one out of the fifty-four have supervision by a nurse working part or full time. Thirty-three have supervision by one or more nurses who visit the homes, while only twenty-six have made any provision for serious cases requiring surgical attention.

Health supervision in twenty-six of the fifty-four includes dental supervision and care of the teeth, while only twenty have statistics showing the extent of defective teeth among school children.

Thirty-three of the fifty-four schools reporting have supervision and care of the eyesight, and twenty-nine have statistics of the number of children who wear glasses.

Out of the fifty-four schools reporting, fifty-three have compulsory instruction in physiology and hygiene. Some provision for physical training has been made in fifty-one of the fifty-four schools reporting, and forty-four of this number made this training compulsory.

Practically all the cities replying to Mr. Pearson's questionnaire were in favor of additional provision for health supervision.

Bowling Green officials replied that lack of funds was the only thing that prevented them from following the entire program.

Bucyrus school men replied that they expect to develop a closer co-operation between the physicians, dentists and the public schools.

Galion reported: "A law which would compel our boards to employ a regular school physician would be of more value than anything I can suggest."

Martins Ferry wrote: "Think medical supervision should be made compulsory in all cities in State of Ohio."

IN THE COUNTIES

In the schools of the counties, the answers of the county superintendents to the questions propounded indicate that while progress has been made in actual work, "it is not abreast of the thought of the school men." (Not the doctors, mind you, but the school authorities.)

Of fifty-seven that have replied up to this time, in only nine is there any health supervision by physicians employed for whole or part time. In forty-eight nothing has been done by professional direction. In nine, nurses have authority to work in the homes as well as in the schools. However, only in four is there any provision made to provide surgical treatment where the health of the child seriously demands it. In a couple of instances arrangements have been made for free clinical treatment to correct known defects. In Fulton County, the physicians have volunteered for the work. In Union County, trial of health supervision in two districts aroused the greatest interest. Cuyahoga County schools seem to have registered great progress, keeping three nurses constantly busy in the schools outside the city districts.

Evidence of the character of interest aroused is the statement of Superintendent W. R. Heistand of the Marion County schools, who writes: "Your questionnaire on 'Health Supervision and Instruction' puts several questions that make one feel like condemning himself for having slighted so important a phase of school work. We have made some effort to improve the physical welfare of our pupils but have thus far failed to give the youngsters the careful attention along this line that is due them. The questionnaire certainly is suggestive of some mighty good ideas."

Superintendent Ed. C. Feiock, of the Monroe County schools, wrote: "I believe that the pupils in our schools are more in need of help physically than they are in need of mental help. It is appalling to note the number of embryo derelicts. Many have defective eyesight, others hear imperfectly, great numbers show all the signs of adenoids, and entirely too many have defective teeth. Health supervision is needed and needed badly. When this is made compulsory society will benefit by it a hundredfold."

More attention is given to dental care than to health care generally, it may be deduced from the reports. Sixteen of the fifty-seven counties reporting thus far have some form of dental su-

pervision. In only four of these are accurate statistics kept as to facts of defective teeth among children. Others furnish estimates of percentages of bad teeth. In Fulton county, it is calculated that 72 per cent. need treatment. In Hardin County 12½ per cent; In Lake County actual investigation shows 49 per cent; In Marion county, one-half have bad teeth.

In the same number, sixteen out of fifty-seven schools, there is supervision of the eyes, but only one county has accurate statistics. Fewer than half, twenty-one out of fifty-seven, attempt to estimate defective eyesight among their youthful charges. The wide range of estimates may be seen from these responses: Allen County says 20 per cent. need glasses; Ashtabula, one in eight; Belmont, one in twenty; Clermont, 10 per cent; Erie, 25 per cent; Fulton, 22 per cent; Lake, 7 per cent; Marion, 10 per cent; Morrow, 50 per cent; Tuscarawas, founded on statistics, 10 per cent; Paulding, 16 per cent.

The survey was made by Mr. Pearson at the request of Director John A. Lapp of the commission which is now conducting a study of health insurance and sickness prevention. In commenting on Mr. Pearson's findings Mr. Lapp issued this statement:

"Here is the greatest possibility of the work of our commission. The study of health insurance is made necessary in part by the fact that public health is seriously affected by negligence in the care of children. This will be largely corrected by adequate health supervision of schools."

This whole subject is of intense interest to physicians of the state. Now that the laymen are arriving at the conclusions reached by the physicians years ago, the medical profession should lend them every co-operation. If county medical societies will take up this matter with their county school authorities more can be accomplished in the next year than in any preceding ten year period.

Plans to Help Whip Kaiser

Ohio's wartime health program includes a vigorous fight against venereal diseases and a study of the munitions industry in the state with a view to guarding the health of workers. These features were emphasized in a forecast of the 1918 plans of the state health department.

The venereal disease campaign is undertaken in support of similar activities of the federal government, designed to guard the health of soldiers. The state's activities include educational measures, establishment of a bureau for free advice on sex matters and arrangements with city health officials for the control of venereally diseased persons.

As the munitions survey progresses, recommendations will be made to employers for provisions which may be needed to protect employes in dangerous occupations.

OHIO PUBLIC HEALTH NOTES

—Salem suffered the greatest epidemic in its history during early February when 56 cases of scarlet fever were reported in one week. Schools were closed.

—Seven Ohio cities which have improved their water supply in the last 10 years have demonstrated the value of this step by substantial decreases in their typhoid death rates. Cincinnati and Columbus, both of which put improved water systems into operation in 1908, have decreased their rates from 60 to 8.1 and 77 to 16 per 100,000 population, respectively. Columbus had the enormous rate of 147.7 per 100,000 in 1904. In Alliance water purification installed in 1913, has brought the typhoid mortality rate from 32 to 20; in Ashtabula a change in 1909 has lowered the figure from 68 to 25, and in Bellaire, Portsmouth and Steubenville, where purification began in 1915, the drops have been, respectively, 37 to 13, 86 to 33 and 70 to 33.

—The Alliance Physicians' Association has pledged the support of local physicians in assisting the health board in its efforts to improve health and sanitary conditions there. The following recommendations have been made: (1) Employment of a physician to donate a good share of his time to health work and act as school physician; (2) Establishment of a city health laboratory; (3) Addition of another unit to the city hospital, thereby increasing the number of beds and allowing for the above mentioned laboratory.

—Thirty-five members of the Logan County Medical Society met with the Bellefontaine school board, March 1, and went on record as favoring dental and medical inspection in the public schools of that city. A committee was appointed to ask the trustees of the Mary Rutan Hospital, soon to be constructed, to grant a room for a dental clinic. In an address on "Medical and Dental Inspection of School Children," Dr. S. H. Rauh of Cincinnati told how the situation had been handled in that city and demonstrated the financial gain to the schools by comparing the difference between the length of a healthy child's education and that of a child who is unhealthy and naturally a student in the schools for a long period because of retarded work.

—The Akron Board of Health has requested the appointment of three additional district physicians. To centralize all medical relief work is the intention of the board and it is intended to use the entire time of four district physicians, at salaries of \$2,225 a year.

—The Mansfield Health Board has recommended that the city council take immediate steps toward securing a pest house which can be

used for emergency and contagious cases. The report of February shows the following cases: Measles, 16; diphtheria, 2; smallpox, 2; chickenpox, 8; whooping cough, 20; inflammation of the eye, 1; tuberculosis, 2.

—Steps to secure dental inspection in Columbus schools and to give school children the benefits of a public clinic at the Children's Hospital have been urged by the local dental society. School authorities have been asked to provide dental inspection as physical inspection is now provided, and the society has offered to pay dentists to conduct the clinics.

—The ten leading communicable diseases in Ohio in January, according to reports of the state department of health, were, with the total number of cases of each: Smallpox, 1,926; chickenpox, 1,001; measles, 996; scarlet fever, 860; mumps, 813; whooping cough, 759; diphtheria, 555; tuberculosis, 496; acute pneumonia, 462; German measles, 375. The smallpox situation during that month was the worst Ohio has had in the five years during which records have been kept by the state department. No previous month of the five year period reached a total of 900. Only 15 of the state's counties reported no cases in January. Henry County had the highest smallpox prevalence from the standpoint of population, with 202 cases, of which 158 were at Napoleon. Summit County, with 243 cases, 170 of which were in Akron, had the largest actual county total.

—Cleveland was the first city in the country to inaugurate a score card system as a check on sanitary conditions in its drug stores. Under direction of City Chemist White, a city-wide inspection of pharmacies has been made, and on the basis of conditions found in each, cards will be issued by which the public may know whether the drug store at which they deal is cleanly or otherwise. A similar system has been in operation in effect two years with reference to groceries and bakeries.

—Youngstown divided honors with Tiffin for the lowest death rates among 37 largest cities of Ohio during September, according to statistics published in the Ohio Public Health Journal. There were 73 deaths in Youngstown, a rate of .7 per thousand. On the other hand, Mahoning County, with a total of 224 deaths and a rate of 1.4 per cent. stood high in the list. Summit and Erie, each with a rate of 1.8 per cent. were the only counties having higher percentages, although Belmont, Clark, Fayette and Stark had the same rate as Mahoning. Lakewood, with 32 deaths, two per 1,000 population, had the highest death rate among cities.

—Secretary of Treasury McAdoo has announced the publication by the United States Public Health Service of a 250-page book entitled "Prevention of Diseases and Care of the Sick," with a supplement on "First Aid to the Injured."

The book contains 200 illustrations and covers a wide range of subjects relating to disease prevention, care and treatment of sick persons and emergency measures in the treatment of accidental injuries. The sanitation of buildings, camps and vessels, transmission of disease by insects, and other conditions associated with preservation of the health of individuals are dealt with. Under sanitation of buildings, questions of lighting, ventilation, heating, water supply, cleaning, and sewage disposal are taken up. Methods for the destruction of mosquitoes, rats, vermin and other harmful forms of animal life are outlined, and the relation of these agencies to the transmission of diseases is explained. The author's preface states that it is "for use of the layman in order that he may know what measures he should take to protect himself in the absence of medical service," but "written directions very imperfectly supply the place of the physician and surgeon, and no one should depend, if it can be avoided, upon the information obtained from a medical handbook."

—A League of Modern Health Crusaders has been organized for young people in Columbus. The work of the society is primarily to improve the physical condition of frail children by bringing them to dispensaries for examination. Plans are under way for a fly and mosquito campaign, clean-up and public welfare work. Urging birth registration will be another part of the work of these new crusaders. Members of the league are asked to observe eight rules essential to good health.

—The Cleveland department of health has presented to city council an ordinance requiring compulsory registration of "dope fiends." The movement is backed by the Cleveland Academy of Medicine and by the Northern Ohio Druggists' Association and is intended to check the growing menace of dope peddling and the indiscriminate treatment of drug addicts by physicians outside of institutions. It is pointed out that the efforts of the authorities to cope with the problem are constantly being checkmated by the ability of a few unscrupulous doctors to sell narcotics practically without restraint, and that such "treatment" encourages rather than discourages the use of drugs.

—In 1917 there were 6,833 deaths in Cincinnati against 6,743 in 1916. The death rate, based on the city's population, increased slightly in 1917, showing a rate of 16.6 against 16.5 the previous year. General health conditions underwent no material change, as general diseases took 2,038 in 1916, and 2,047 in 1917. Diseases showing an increase were scarlet fever, cancer and apoplexy. There was a decrease in the number of deaths from typhoid, nervous diseases and external causes. There were no deaths from smallpox or leprosy.

Tanaka, Jap Chiropractor, and Other Medical Law Violators are Found Guilty by Juries

The vigorous campaign to curb the operations of unlicensed chiropractors which was launched sometime ago by Dr. H. M. Platter, secretary and executive officer of the State Medical Board, is producing results. Several of the boldest of the law defiants have been convicted, fined and in some instances given jail sentences. The State Medical Board has announced that it will continue its campaign until the state is freed from charlatans who ignore the provisions of the Platt-Ellis law.

Undeterred by the initial failure in Paulding County, where a jury calmly ignored the facts and acquitted an unlicensed chiropractor who admitted that he was breaking the law, Dr. Platter started prosecutions against others in various sections of the state. With the exception of one case in Akron he has been uniformly successful in securing convictions.

Torizo Tanaka, "D. C., Ph. C." a little Jap, who for some months has followed P. T. Barnum's advertising methods in Cleveland to exploit his wonder-working ability as a chiropractor, is one of the violators who has been taught to respect the law. Tanaka, who operated elaborate offices in the Arcade Building in Cleveland, is a graduate of the so-called Palmer Chiropractic School. His circus methods attracted hundreds of sick people and he was able to employ plenty of legal counsel to conduct his fight against the State Medical Board. The late Dr. Matson started proceedings against him nearly a year ago, resulting in three grand jury indictments. The case dragged for some months, during which Dr. Matson's death occurred. On assuming office Dr. Platter re-opened the case but in November Tanaka's attorney succeeded in finding a technical defect in the indictment. Dr. Platter immediately secured additional indictments and the case was brought to trial before Judge Vickery in the Common Pleas Court. The combined strength of the chiropractic out-fit was thrown into this fight because, under an agreement, it was decided to make the Tanaka case a test suit upon which to base action in cases pending of four other unlicensed Cuyahoga County chiropractors—Arthur W. Chappell, Raymond C. Snow, A. J. Schamacke and J. Hoeffler. The points at issue in the Tanaka case were the same as in the other cases.

The jury required but thirty minutes to convict Tanaka of practicing medicine and surgery without a license and Judge Vickery sentenced him to thirty days in the workhouse and fined him \$250.00 and costs. The sentence was suspended for thirty days to permit Tanaka to file an appeal.

IN HURON COUNTY

In Huron County, C. E. Schillig, a chiropractor from the Palmer school, has been practicing without a license at Chicago Junction. He was brought

to trial before Judge Young of Norwalk and endeavored to evade the issue by producing numerous character witnesses including the mayor of Chicago Junction and the sheriff of Huron County. The jury found him guilty and he was fined \$50.00 and costs. Schillig's father at Norwalk is a licensed chiropractor.

STATE IS JUSTIFIED

Probate Judge Krichbaum of Stark County decided an interesting point in the trial of John E. Menengay, unlicensed chiropractor of Canton. Menengay's attorneys attempted to show that the State Medical Board had not the right to demand educational requirements of chiropractors such as are included in the Platt-Ellis law. They held that such demands were prohibitive to the practice of chiropractic. Judge Krichbaum sent the jury from the room and permitted a full discussion of the case. After learning that under the law licensed chiropractors are permitted to take full charge of the patient in certain diseases, he ruled emphatically that the state, through its Medical Board, was justified in exacting such educational requirements. He held that it was the duty of the board to strictly enforce such regulations as a protection to the sick. The Menengay trial lasted two days but the jury found him guilty of practicing without a license.

O'NEILL IS FOUND GUILTY

George M. O'Neill, unlicensed Toledo chiropractor, bitterly fought the case filed against him in Probate Court. The jury had the matter under consideration for seven hours but returned a verdict of guilty. Probate Judge O'Brien O'Donnell has withheld sentence pending an appeal.

LAUBY FOOLED THE JURY

George E. Lauby, unlicensed chiropractor at Akron, likewise a graduate of the Palmer works, was the only chiropractor to escape conviction. Judge Slusser in this case permitted Lauby to deliver a lecture on chiropractic to the jury—Lauby using the spinal model of which chiropractors are so fond. The jury, after considerable consideration, returned a verdict of not guilty.

YOU HAVE THREE GUESSES

Dr. Fred Shaw, "M. H., S. T., C. D., D. O., M. E., D. O., P. H. G., M. D., M. T., Member of the Brotherhood of Jesus, Ancient Order of Melchisedek,"—all of which information is fully set forth on his professional card—likewise has learned that the Platt-Ellis law has teeth. Shaw, whose chief stock in trade is thirteen more or less beautifully lithographed diplomas and a Prince Albert coat, has been practicing various therapies in the Western Reserve for some years. Investigator Ludeman, representing the State Medical Board, found evidence that recently he has been giving medicine so he was arrested on a charge of prac-

ting medicine without a license. He was convicted after a trial lasting two days before Probate Judge Slusser in Akron. When the Platt-Ellis law went into effect Shaw was an applicant for an exemption certificate authorizing him to practice electro therapy, but his application was denied.

Definition of Fee-Splitting

The question as to what constitutes fee splitting under the provisions of the amended Ohio statutes has caused considerable confusion.

The law (Section 1275, General Code), which was amended by the Ohio legislature in 1915, is very broad. It prohibits "any division of fees or charges, or any agreement or arrangement to share fees or charges made by any physician or surgeon with any other physician or surgeon, or with any other person."

Under a strict construction of this statute's wording many practices which are not essentially dishonest undoubtedly would be prohibited. In an effort to provide the profession with a more explicit definition and the exact meaning of the code Dr. Platter, Secretary of the State Medical Board, is preparing to present a detailed inquiry to Attorney General McGhee with a request for an official interpretation. This inquiry will set forth in detail a number of hypothetical cases which might be construed to come under the operation of this legal provision. As soon as the decision is rendered it will be placed before the profession and will in the future be regarded as the guide for prosecutions in these cases.

Wasserman Examinations by the State

Beginning of work by the laboratories of the State Department of Health in making Wasserman examinations for the diagnosis of syphilis awaits only the receipt of materials for making up the outfits, which have been delayed in shipment. It was originally expected that this new function of the laboratories would be operative by March 1, but certain essential materials, ordered early in December, have not yet arrived.

As soon as these supplies arrive and the department is ready for work, an announcement will be mailed directly to every physician in the state. It is requested that physicians wait until this announcement is made before attempting to avail themselves of the laboratories' Wasserman facilities.

Blood specimens will be examined by the Wasserman method free of charge for any physician in the state. The service is also open to state institutions under the jurisdiction of the Board of Administration and to county infirmaries and children's homes, over which the Board of State Charities exercises supervision. Several of the state institutions make the Wasserman test in their own laboratories, but the demands of the

others are expected to necessitate several thousand tests yearly in the health department laboratories.

Outfits for sending in blood specimens for examination will be distributed from the office of the State Department of Health in Columbus, instead of through the distributing stations scattered over the state. This, it is explained, will permit a smaller expenditure for outfits, and will not be detrimental to the service, inasmuch as the making of the Wasserman examination is never an emergency matter. An outfit will be sent to any physician upon request.

In view of this lack of necessity for haste, also, the making of Wasserman tests will be confined to two days a week—probably Tuesday and Friday. Specimens arriving after tests are under way on one of these days will be held until the next test day.

The installation of this new feature of its laboratory service is one of the steps taken by the State Department of Health in its campaign against venereal diseases. Educational measures and direct action for the control of venereal disease carriers are other weapons which are being used in this fight.

Remove That Foolish Tax!

Armour & Company draw our attention to editorials that are appearing throughout the country demanding that Congress remove the foolish and costly tax on oleomargarins. One of these, from *The Journal of the American Medical Association* of January 19, emphasizes the point that increased use of oleomargarins would release much milk and cream for other purposes and would probably mean a material reduction in the price of these commodities.

In our opinion the federal tax on oleomargarin is most foolish and unfair. If the manufacturer colors oleomargarin, he is forced to pay a tax of 10 cents a pound despite the fact that butter may be colored in exactly the same manner without any restriction whatsoever.

The imposition of this tax is simply a tribute which Congress levies in favor of the dairymen. Practically all authorities agree that oleomargarin, even the colored variety, is as wholesome and nutritious as butter, and that it reaches the market in excellent sanitary condition.

Now that the world war is making the food situation serious we sincerely trust that Congress will no longer tolerate so unjust and unfair an imposition upon the consumer.

Watch your collections with extra care during the next few months. Merchants and business men are giving unusual care to their credit departments. There is no reason why the doctor shouldn't.

NOTICE!

NERVOUS— "WORN OUT" DO NOT
DISEASED— DISCOURAGED MEN GIVE UP

WHY BE SICK?



WHY SUFFER AND COMPLAIN?
YOU CAN BE BENEFITTED

Do you feel that you are not the man you once were? Do you feel tired in the morning and easily exhausted? Is your back lame? Is your memory failing? Do you have difficulty in concentrating your thoughts? Do you notice a loss of ambition? If you suffer from any or all of the above symptoms you certainly do not desire to remain so. What you want is to be made strong and vigorous mentally, as nature intended. I have relieved thousands of others—why not you?

My Experience In All Ailments Such as Yours, With Fair Dealing, Honest, Candid Diagnosis and Treatment Gets Results. Are You the Man You Ought To Be?

Be a Man Again and Face the World
Unafraid and Happy

My many years of practice, combined with a full knowledge of the most advanced methods employed by the best authorities of the day, assist me in defining symptoms promptly and the exact treatment to be prescribed. KNOWN RESULTS are what count. That is what every sufferer earnestly desires. For that reason I ask you to come in, time and learn what can be done for you.

TO DO MY BIT, I WILL TREAT ENLISTED MEN FREE

DOCTOR BROWN

Corner Howard and Market—Second Floor

Over United Cigar Store—Entrance on Howard St.

Hours 9 to 12—1 to 5—6:30 to 8:30; Sundays 9 to 12.

DOCTOR BROWN

You must know that nowadays specialty work is demanded in all walks of life, and the most important of all is in the treatment of diseases. Knowing this to be a fact, if you suffer from any disease peculiar to men, why not consult a doctor of established reputation for skill and honesty; one who has had 17 years' active experience in men's diseases; one who will tell you, after a careful examination, whether or not you can be benefited; one who will do so in the shortest time consistent with the best and safest result?

Readers of *The Akron Times* and *The Akron Beacon Journal*—not of *The Akron Press*, because its management refuses to accept advertising of this sort—have become very familiar with the advertising claims of Dr. Brown, whose photograph invariably accompanies his advertising appeal to "weak and worn out men." Investigator Ludeman, representing the State Medical Board, discovered that Brown is Dr. Robert Austin Browne, graduated from the Medical College of Ohio in 1900, and who, according to the records of the State Medical Board, had practiced in Dayton, Cincinnati, Youngstown, Springfield and Newark before locating in Akron.

After a careful inspection of his newspaper advertising claims Dr. Brown has been invited to appear before the State Medical Board in Columbus at the April meeting and show cause why his license to practice medicine in Ohio should not be revoked. His particular attention will be attracted to Section 1275 of the General Code which provides:

"All advertising of medical practice in which extravagantly worded statements intended, or having a tendency to deceive and defraud the public are made, or where specific mention is made in

such advertisements of tuberculosis, consumption, cancer, Bright's disease, kidney disease, diabetes, or of venereal diseases or diseases of the genito-urinary organs."

In recent months the advertisers in the state have become increasingly bold and Dr. Platter is determined to enforce the law governing medical advertising which the legislature enacted in 1915.

COLLEGE BUILDING DEDICATED

Dr. William H. Pritchett of the Carnegie Foundation was the chief speaker at the impressive exercises held on February 25 in connection with the dedication of the new Ohio Miami Medical College building—which is recognized as one of the finest collegiate buildings in the country. Dr. Pritchett paid high tribute to the untiring work of the medical profession in Cincinnati which has made possible this beautiful building and commented upon the possibilities of splendid co-operative work between the college and the Cincinnati General Hospital. The Cincinnati college paid high tribute to Dr. Christian R. Holmes whose efforts were largely responsible in raising the two hundred and fifty thousand dollar fund for the construction of the building.

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War Notes

Medical men in Ohio should interest themselves in the measures pending before Congress, designed to improve conditions of physicians in service and to make more effective the Army Medical Corps.

No arguments should be necessary to convince civilian physicians of the necessity for the success of some such legislation as that provided by the Owen and Dyer bills for increased rank and authority of medical officers. It should be remembered, however, that Congress, which usually is busy in time of peace, is even more pressed with work in time of war, and however anxious the individual congressman and senator may be to inform himself completely on each measure before casting a vote, the demands on his time are such that frequently this is impossible. There has arisen, therefore, the method of influencing Congress by a direct appeal from the citizens of the country to their representatives. In view of this fact, the American Medical Association sent to every county society in the country an appeal to take up this matter individually and collectively, and to petition the senators representing their state and the congressman representing their county to support this measure.

Our reports here at Columbus, indicate that county societies throughout the state co-operated in this plan.

For some time an effort has been made to obtain for officers on field duty with troops the commutation for quarters, light and heat that is now given to officers stationed where public quarters are not available. A bill has been introduced into the House of Representatives and into the Senate to procure this commutation for officers with dependents while on duty with troops. It provides that quarters and commutation thereof to all commissioned officers of the Army on duty in the field, or on actual duty outside the United States, who maintain a residence for wife, child or dependent parent, shall be furnished at the place where the residence is maintained, without regard to personal quarters furnished to the officers elsewhere. The number of rooms prescribed in the act of March 2, 1917, is to govern, and in case quarters are not available, every commissioned officer is to be paid commutation thereof at the rate authorized by law in cases in which public quarters are not available. The Secretary of War calls attention to the fact that officers serving with troops are actually undergoing privation incident to personal service, particularly abroad. This is a problem which affects every medical officer, and certainly justice demands that the bill receive favorable consideration.

If your county society has not acted on these proposals, do so at once; or act individually. Report your action to Senators Harding and Pomereene, at Washington, and to the Representative from your district.

Word From "Over There"

Some interesting points are brought out in a letter received by *The Journal* from Dr. Frank G. Boudreau, formerly epidemiologist in the state department of health, who is now serving with the Medical Corps in England. He writes:

"Just a line to tell you how much I appreciate the *Ohio State Medical Journal* over here. It seems like a breath from home, and I read it from cover to cover. It furnishes the only means of keeping in touch with Ohio physicians as a whole. I also appreciate the action of the Columbus Academy of Medicine in paying local and state dues. In the first place it's rather hard to send money across, and in the second place it's hard to find the money.



"I was proud of the promptness of Ohio physicians in enlisting when I saw the Roll of Honor in your December number. My hope is that Ohio will soon take her rightful place at the head of the column—above the states now leading her in number of physicians commissioned.

"I've had two delightful weeks in London. Nearly all my time was spent at the Lister Institute, where I was taken into the family, so to speak, and shown all the latest work on the bacteriology of meningitis. Rather nice to have post-graduate work at government expense, isn't it? Since returning I have had ample opportunity to practice what I learned, for we have had quite a number of cases of meningitis in this district.

"I enclose a snapshot of some of our mess. All the officers in the front line, with the exception of the last on the right, are Americans. You will recognize me on the extreme left. States represented are Ohio, Connecticut, Texas, West Virginia, Georgia and Massachusetts. You will notice several white-haired officers among the English, and that will serve to illustrate the fact that every physician in England, not urgently needed in civil practice, is in the Army. The individual physician does not have to decide where he should go or what he should do. This is done

for him by a competent body. I hope you will be able to make our physicians realize how the Army has drained England of physicians and that every man, irrespective of age, is doing his bit."

FROM MOTHER

Tell me, is my darling sleeping,
Where the briny billows sweep,
Have the sands his sacred keeping?
God protect him while I weep.

Have the waves no message spoken?
Sad the silence of the sea,
Dark the mists when hearts are broken,
Fate is but a rash decree.

Have the sands along the ocean,
Closed the eyes I've lulled to sleep,
Have the cliffs no sacred token,
Wafted o'er the restless deep?

Soft sleep the rest of Heaven,
Where the night winds sing to thee;
Duty calls, your task is given,
Care not where your grave may be.

Where the heart strings throb and sever,
Where the sunlit ripples swell;
Will our thoughts desert thee? Never!
Dearest boy we loved so well.

Sleep? O, Sleep, I'll love thee ever,
Where the night winds softly weep;
Where the billows roll forever,
Where the waves their vigils keep.
—C. A. Strasburg, M. D., Cridersville, Ohio.

Dr. Frank Lamb of Cincinnati has been called to France by the Red Cross to do infant welfare work.

Dr. Benjamin C. Barnard of Canton, Captain, M. O. R. C., is serving as director of field hospitals at Camp Custer, Battle Creek, Michigan.

Dr. William T. Stewart of Morning Sun, Captain, M. O. R. C., narrowly escaped being on the steamer *Tuscania* when it was recently torpedoed by a German submarine. He was attached to one of the regiments which went from a Texas camp to New York to board the *Tuscania*, but the day before it left the south he was transferred to another regiment.

Work has begun on a new \$5,000 hospital building for the use of soldiers at Ohio State University. It is expected to be completed by May 15 and will accommodate 25 patients.

Dr. Otho J. Powell of Ashland has received honorable discharge from the Army because of physical disability. Following an illness at Camp Sherman Dr. Powell took an examination for overseas service and was found disqualified.

Camp Sherman medical authorities in December recommended the discharge of 27 Ohio men because of tuberculosis. Twenty-three of these cases were referred by the state department of health to public health nurses and letters were sent to the other four.

Dr. Benjamin W. Gaines of Cincinnati has been assigned to duty at the Eighth Naval Station,

New Orleans, with the rank of assistant surgeon.

The Toronto, Canada, plant of The National Cash Register Company has been taken over by the military supplies committee of Canada and will be transformed into a hospital for the treatment of foot cases. It is estimated that 400 patients can be cared for in the factory until it is remodeled, when there will be room for twice as many. It will be considered an annex to the Davisville Orthopedic Hospital.

Dr. James G. Alcorn has returned to his practice in Columbus after five months' service with the Red Cross in a 1500-bed base hospital behind the Allied lines at La Panne, Belgium. He may return in May.

Dr. J. J. South of Massillon has been honorably discharged from the Army because of physical disability. While escaping from the Germans during the engagement at Cambrai, Lieutenant South lifted his mask to examine a wounded British officer and was overcome with gas.

Announcement has come from the national Red Cross headquarters that a hospital for convalescent soldiers will be erected at each Army and Navy training camp. These will be two-story buildings, 100 by 100 feet, and will provide administration centers for field directors of the Red Cross, emergency lodgings for summoned relatives of sick soldiers and for Red Cross nurses and staffs. Among the features of the convalescent houses will be sun parlors, stage and motion picture screens, libraries, reception, assembly and bed rooms. Work on the Camp Sherman building began in March.

Dr. F. T. Miles of Salem, lieutenant, M. O. R. C., has recovered from a four weeks' illness at the hospital at Camp Greenleaf, Fort Oglethorpe, Georgia.

Dr. J. C. Kramer of Elyria, lieutenant, M. O. R. C., has written us a "thank you" note for his 1918 membership card and requested us to forward his *Journal* to him at Rockwell Field, San Diego, California. He reports that he is enjoying the work immensely and has the pleasure of attending the bi-weekly meetings and the monthly banquets of the San Diego County Medical Society meetings.

Cincinnati officials have agreed to turn over McMicken Hall, formerly used as a medical college building, to the War Department for the housing of soldiers who may be sent to the University of Cincinnati for a special course in engineering.

Following are extracts from a letter written by Dr. Angus MacIvor of Marysville, major, M. R.

C., now serving with the 166th U. S. Infantry (of the Rainbow Division) in France:

"I am very proud of this group of Ohio men. They are cheerfully preparing for the inevitable, having apparently no concern for themselves or for the danger through which they must of necessity pass.

"The folks at home will read about them, and strong hearts will be saddened, while there will be a higher feeling of pride over their heroism and sacrifice.

"We all long to be home, but none of us want to go home now, before the world has become completely saved to civilization.

"We all despise the influence which has brought about such a state of affairs as the world is just now passing through.

"It will not be long, I hope, before the madman is enchained and the art of death and destruction forever lost.

"The instruments of death which have been devised during three years that war has been raging are many and cruel beyond description.

"Don't you know that every county in this state is represented in our regiment?

"They have already demonstrated their ability to combat conditions new and far from ideal, and I feel certain that when the more serious problems which are inevitable confront them they will be equal to the occasion."

Members of Cincinnati Base Hospital No. 25 were called to the General Hospital, March 4, for mobilization by Adjutant L. N. Lindenberger, preparatory to entraining for Camp Sherman. The unit, organized after the war was entered, includes 23 medical officers, 100 nurses, 152 enlisted men and six civilian employees. Major William Gillespie, commanding officer of the organization, and other officers will join the men and nurses shortly before the unit is ordered from the cantonment for European duty.

Dr. Frank H. Williams of Portsmouth, captain, M. O. R. C., expects to join the corps of physicians, surgeons, nurses and sanitary engineers from all parts of the United States which will go to Palestine in the early spring for relief and reconstruction work.

Drs. Leslie Luehrs and Clarence W. Betzner, receiving physicians at the Cincinnati General Hospital, resigned March 1, to accept lieutenantcies in the Medical Officers' Reserve Corps.

Dr. W. H. Carey of Bellefontaine was ill during the latter part of January with smallpox and unable to report at Fort Riley, Kansas, as ordered.

Dr. Elmer E. Lynch of Mt. Victory, lieutenant, M. O. R. C., left Camp McArthur, Waco, Texas, February 22, for overseas duty.

Dr. R. M. Fulwider of Zanesfield, who has been on duty at Camp Sherman, returned home on sick leave and has since been confined to his bed. He has been advised to seek another climate.

Dr. John C. Miller of Payne, captain, M. O. R. C., has been assigned to duty with the Aviation Section Signal Corps at Camp McArthur, Waco, Texas.

Reclamation of Physically Unfit

The country is taking a keen interest in the movement launched by Dr. John H. Quayle of Cleveland to provide for the physical reclamation of men rejected in the draft and the restoration of such men to physical fitness and availability for military service. The plan outlined by Dr. Quayle is crystallized in a bill now pending before Congress, introduced by Senator Pomerene of Ohio.

It provides for the appointment by the Secretary of War of a committee consisting of military, medical, surgical and business men, to be known as the reclamation camp commission, which shall have power to establish reclamation camps adjacent to the large cities and to add new departments for special reclamation service to our present cantonments. In these new departments all draftees refused by reason of physical disability would be given careful physical examinations, including all clinical tests. Where, upon the basis of complete data, the examining physician finds that the man could be reclaimed in from one to six months, necessary medical and surgical attention will be provided for him. He then would be automatically transferred from the reclamation camp to the training cantonment. The man who could not be reclaimed physically within a period of six months would be given his various examination reports and referred to his home physician for the treatment necessary to restore him to physical efficiency.

Dr. Quayle points out that nearly all cases of venereal infection, flat foot, alcoholism, hernia, diseases of the skin, defective teeth, varicose veins, varicocele, hemorrhoids and obesity would respond to treatment very quickly, and that many other physical causes of rejection could be removed.

The bill appropriates \$100,000,000 to carry forward this work, it having been estimated that scientific reclamation would cost from \$50.00 to \$100.00 per man. A further important feature of the reclamation service would be the examination of all men discharged from the Army—which would be of tremendous importance to the civil population after the war.

Dr. Quayle's plan is receiving careful attention throughout the country. Governor Cox recently investigated its possibilities and issued a public statement in which he endorsed it as not only worthy, but absolutely necessary to the attainment of our maximum efficiency.

Recent Orders Issued to Ohio Physicians in Service

To Army Medical School, Washington, D. C.: Lieutenants H. R. Baremore, Jr., R. B. Bruce, Akron; W. E. Dwyer, F. A. Euler, F. F. Finch, Cleveland; W. H. Morgan, Columbus; C. W. Betzner, Cincinnati; A. W. McCally, Dayton; N. C. Hatfield, Fostoria; F. S. Van Dyke, Hammondsville; C. A. S. Williams, Marietta; Victor R. Turner, Newark; J. D. Coupland, Norwalk; Alfred B. Mills, Portsmouth; Edward Remy, Jr., Mansfield.

To Camp Cody, Deming, New Mexico: Captain James F. Elder, Youngstown.

To Camp Devens, Ayer, Massachusetts: Lieutenants A. G. Eyestone, Gibsonburg; John A. Filak, Lakewood.

To Camp Jackson, Columbia, South Carolina: Lieutenant William H. Parker, Wellston.

To Camp Joseph E. Johnston, Jacksonville, Florida: Lieutenant William N. Taylor, Columbus.

To Camp Sherman, Chillicothe, Ohio: Lieutenant Royal G. Grossman, Cleveland.

To Camp Travis, Fort Sam Houston, Texas: Lieutenant F. W. McNamara, Youngstown.

To Camp Wadsworth, Spartansburg, South Carolina: Lieutenant Allen N. Wisely, Ada.

To Chicago, Illinois: (Presbyterian Hospital) Lieutenant O. E. Chenoweth, Lima; (Orthopedic Instruction) John K. Lawson, Dayton.

To Dayton, Ohio: (McCook Field) Major Courtney P. Grover, National Military Home; Lieutenants James W. Allbritain, K. A. Clouse, P. A. Davis, Columbus; Arno E. Bohm, Montville; Rex W. Beard, Pioneer.

To Fairfield, Ohio: (Wilbur Wright Field) Lieutenants Allen H. Dunton, Cincinnati; J. E. Kerschner, Columbus; J. R. Montgomery, Steubenville.

To Fort McHenry, Maryland: Major George C. Schaeffer, Columbus; Captain Carroll L. Storey, Oberlin.

To Fort Oglethorpe, Georgia: Captains F. C. Herrick, Cleveland; Thomas Foster, Wooster; Orin W. Robe, Portsmouth; W. S. P. Donehoo, Wintersville; Lieutenants Rudolph S. Reich, William S. Nichols, Cleveland; Silas P. Tharp, George G. Hunter, William L. Layport, Cincinnati; George F. Faulder, Columbus; Ralph S. Hosler, Amanda; Joseph E. Stephen, Jewell; Harold P. Koppe, Logan; I. W. Mayberry, Scottown; C. B. Hamma, Springfield; J. J. Ramey, Rock Camp; William C. Pontius, Warren; L. R. Carr, Prairie Depot; Robert McQ. Andre, Waverly; D. H. Smeltzer, Youngstown.

To Fort Riley, Kansas: Captain A. M. Painter, Youngstown; Lieutenant G. C. Guthrie, Uhrichsville.

To Hoboken, New Jersey: Lieutenant Frederick P. Purdy, Killbuck.

To Jefferson Barracks, Missouri: Captain C. D. Postle, Columbus.

To Philadelphia, Pennsylvania: Captains E. R.

Brush, Zanesville; S. D. Foster, Toledo; Lieutenant Clark E. Sharp, Chillicothe.

To Milwaukee, Wisconsin: Captain John W. Means, Columbus.

To New Haven, Connecticut: Lieutenant Charles K. Ervin, Cincinnati.

To New York City: (Roosevelt Hospital) Lieutenant Clyde B. Terwilligar, Milford.

To Rochester, Minnesota: (Mayo Clinic) Lieutenant Clarence G. Bozman, Hebron.

To Rockefeller Institute, New York: Major W. H. Leet, Conneaut; Captain S. J. Goodman, Columbus; Lieutenants F. A. Euler, Cleveland; L. A. Mitchell, Newark.

To Tacoma Park, Washington, D. C.: Major Frank Winders, Columbus; Lieutenant Roy F. Drury, Akron.

To Home and Honorably Discharged Because of Physical Disability: Lieutenants H. C. Ballard, Daniel Heimlich, Cleveland; Otho J. Powell, Ashland; I. J. Ransbottom, Coldwater; J. J. South, Massillon; C. C. Shrader, Toledo.

To Home and Honorably Discharged: Major W. F. Marting, Ironton; Lieutenants John H. Schroeder, Cincinnati; Herman W. Honock, Ridgeville Corners.

To Home and Inactive List: Captain Albert F. Longeway, Cleveland.

RECOMMENDED FOR COMMISSION

The Surgeon General recommended the following Ohio physicians for commission in the Medical Officers' Reserve Corps during February: Captains—F. W. Roush, Dayton; A. H. Mouser, Latty; A. C. Bartholome, Van Wert. Lieutenants—O. C. McDowell, C. C. Pinkerton, Akron; B. A. Miller, Amherst; C. E. Hale, B. H. Nellans, H. B. Weiss, Cincinnati; W. M. Leonard, J. M. McCleery, J. C. Nonnier, H. D. Prichard, E. C. Schoolfield, Cleveland; Fred B. Grosvenor, Columbus; W. H. Wilson, Greenfield; R. C. Mauger, Johnstown; C. F. Shively, Love City; W. H. Steele, Montpelier; J. F. Holtz, Plymouth; A. H. Carr, Reading; K. C. Becker, H. S. Cohn, Toledo; R. S. Hosler, West Salem; W. H. Caine, Willoughby.

Army Uncovers Tuberculosis

Army medical examinations are helping Ohio in her fight against tuberculosis. This aid is made possible by a system of co-operation between the military authorities and the State Health Department, by which cases of Ohio soldiers who are discharged because of tuberculosis infection are reported to the department.

Each case so reported is followed up by a public health nurse or by personal letters and advice from the department. Efforts are made to put the man under proper care, either in a sanatorium or at the hands of a competent physician.

Nearly 250 tuberculosis cases of which the health department had no previous knowledge have been disclosed by these reports to date.

 * MEETINGS OF CLEVELAND *
 * ACADEMY OF MEDICINE *

(Report by C. L. McDonald, M. D., the Secretary)

The one-hundred and forty-fifth regular meeting of the Academy of Medicine was held February 15, at the Cleveland Medical Library. The president, Dr. Geo. Edward Follansbee, in the chair.

The president read a communication received by Dr. Hamann from Dr. Franklin Martin, member of the Advisory Commission of the Council of National Defense, calling attention to the Owen and Dyer Bills, now before the Senate and House of Representatives, attempting to create advanced rank for officers of the Medical Reserve Corps.

Dr. Martin stated that Senators and Representatives would be glad to have an expression from the medical men of the community as to the advisability of such legislation. Resolution adopted.

Dr. Updegraff spoke of Dr. Lichty's sudden death and suggested to the president that the Academy take fitting action.

Drs. R. K. Updegraff, A. F. Spurney and K. S. West presented memorial resolutions, which were adopted.

Dr. W. D. Sharp suggested that the school and

hospitals arrange to instruct men, practicing medicine in the city, in military medicine before they are called into service with the hope of cutting down the present time required for such training after enlistment.

Dr. S. W. Kelley gave a very interesting talk on "In France in War Time."

Dr. Kelley told the interesting experiences and observations of his trip from the time of embarkation to the firing line. Forty or fifty photographs taken on the trip were shown by lantern slides. The French method of caring for the wounded, "The Service De Sante," was explained and outlined on the screen. Dr. Kelley's talk was one of the best the Academy has heard.

MEETING OF COUNCIL

At the meeting of the Council of the Academy held Tuesday evening, February 12, 1918, at the University Club, a communication from the health department by Dr. Bishop was read. Dr. Bishop stated that the city laboratory was working on a plan to assist physicians in treating pneumonia cases by serum, and asked that a representative of the laboratory be permitted to take the matter up with the Council with the hope of working out the details. Dr. Bishop also asked the Academy's co-operation in working out a plan to handle the narcotic cases of the city. On motion, the secretary was instructed to invite Dr. Bishop and his associate to be present at the next council meeting.

STERILE—CONVENIENT—ACCURATE

SOLUTIONS IN AMPOULES have received the approval of the foremost physicians and surgeons of America and Europe. They have many advantages over solutions prepared in the ordinary manner.

1. They are ready for immediate use.
2. They are sterile.
3. The dose is accurate, a definite amount of medicament being contained in each milliliter of solution.
4. The drug is treated with the most suitable solvent—distilled water, physiologic salt solution, or oil, as the case may be.
5. The container is hermetically sealed, preventing bacterial contamination.
6. An impervious cardboard carton protects the solution against the actinic effect of light.

We supply upward of eighty ready-to-use sterilized solutions.

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On motion, it was unanimously decided that the Academy carry the Ohio State Association dues for members in military service.

Dr. Follansbee reported that satisfactory arrangements had been made with the trustees of the Cleveland Medical Library for the use of the Auditorium for the coming year.

On motion, the Grievance Committee was continued, and the president appointed Dr. Birge as chairman.

On motion, the secretary was instructed to add to the present membership application cards a statement to be signed by the applicant that he does not practice Sectarian Medicine, belong to Sectarian Societies, and will on violation of either of the above pledges be automatically dropped from the Academy.

The president called on Dr. Sawyer to speak of the progress and future of *The Cleveland Medical Journal*. Dr. Sawyer stated that The Journal had recently appointed a Board of Editors who would improve The Journal materially. He further stated that he felt The Journal was of decided advantage to the profession and hoped the Academy would find some means of giving it their support as usual.

The president then called on Dr. Updegraff, chairman of the committee, to consult with *The Cleveland Medical Journal* for his report on the advisability of continued subscription to the

Journal for the coming year.

Dr. Updegraff stated that owing to the number of men in military service who were not paying dues, and whose state assessment was being carried by the Academy, as well as an increase of state assessment to \$4.00 per member, per year—and an increase in home office expenses of the Academy, etc., it would be impossible to pay the yearly expenses with the income from the dues if the subscription to *The Journal* was continued.

Through a very generous offer of the Trustees of the Medical Library and curtailment of operating expenses of the Academy it was possible to offer *The Cleveland Medical Journal* at one dollar per member for the coming year.

The Committee was instructed to report The Journal's reply to this proposition at the next meeting of the Council.

Dr. J. J. Thomas, chairman of the Public Health Committee recommended the following names as members of this committee: Dr. John Phillips, Dr. Richard Bolt, Dr. A. F. Furrer, Dr. E. H. Season. Granted.

Dr. J. E. Tuckerman, chairman of the Civic Committee recommended Dr. John Neuberger, and Dr. Harry Drysdale as members of this committee. Granted.

The president created an Educational Committee and appointed C. L. McDonald, chairman.

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MEETINGS OF COLUMBUS ACADEMY OF MEDICINE

(Report by Ivor G. Clark, M.D., the Secretary)

A farewell dinner was given in honor of Col. Charles Willcox, Monday night, February 11, 1918, prior to his departure from Columbus Barracks. Dr. Geo. C. Schaeffer spoke in the highest terms of the record of Col. Willcox of the Barracks and expressed appreciation of the Columbus men for his many kindnesses to them. Dr. W. O. Thompson also spoke in commendation of Col. Willcox' value to the community. Col. Willcox said a few words of appreciation of the occasion and said that he would always consider Columbus his home.

Dr. Andre Crotti read a prepared paper on "The Philosophical and Psychological Aspects of the Present War," giving what he pleased to term as a bird's eye view of a few of the world events of recent years, with an interpretation of their possible effects upon society.

The subject was ably discussed by Dr. C. F. Clark, Rev. J. S. Kornfeld and Prof. J. A. Leighton who brought their special information to bear in a stimulating way upon the subject matter of Dr. Crotti's paper. The meeting ended after a few commendatory remarks by Major Geo. L. Converse, military commandant of Ohio State University.

MEETING OF FEBRUARY 18

At the regular meeting held Monday, February 18, Dr. J. E. Monger gave an interesting paper on the work of the Department of Vital Statistics. He pointed out that the progress of preventive medicine is closely linked with that of vital statistics. In 1916 measles killed 781 as against 219 in 1915, whooping cough caused the death of 356 in 1915 and 674 in 1916. Dr. E. G. Horton, Dr. J. F. Baldwin and Dr. G. W. Keil took part in the discussion. The Department is making prog-

ress in standardization in the classification of death causes. New death certificates, which allow more accurate data, will also be published soon.

At the meeting of February 25, Dr. C. H. Benson read a paper on "The Sanatorium Care of the Tuberculous Patients" and reviewed the growth of the sanatorium idea in this country and the efforts of the community to meet demands for institutional care of the tuberculous patient. Dr. Benson outlined the treatment of various symptoms incident to tuberculosis and invited the profession to visit the sanatorium and to co-operate with him.

Dr. Frank Warner gave an exhaustive review of the advancement made in the pathology of the tubercle and described what is known concerning the function of the leucocyte endothelial cells and lymphocytes in mastering infection. A large number of excellent slides were shown of the tubercle in its different phases.

The paper was discussed by Drs. J. F. Baldwin, W. J. Means and C. W. McGavran.

At Dr. Chas. Hamilton's request the Owen Bill S. 3748, and the Dyer Bill, H. R. 9563, creating advanced rank for officers of the Medical Corps was submitted to the Academy for endorsement, which was unanimously given. The secretary was instructed to write to the District Representatives in Washington concerning the desire of the Academy.

Endorsement was also given to the movement on foot to have established a new Army Museum, which would be a more adequate repository for the greatly augmented pathological material which will arise in the present war.

The following are March programs—report later:

March 11—Acne, Dr. Charles J. Shepard; discussion—Dr. H. M. Platter.

March 18—Some Observations of War Surgery at La Panne, Belgium, Dr. J. G. Alcorn, illustrated with stereoptican views; discussion by Dr. R. R. Kahle and Dr. E. A. Hamilton.



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 MEETINGS OF TOLEDO
 ACADEMY OF MEEICINE

The following program announcements have been received from Dr. C. W. Waggoner, the secretary:

FEBRUARY 22

1. Injuries of the Head—C. M. Harpster. Topic discussed by H. L. Green.
2. Injuries of the Brain—L. A. Brewer. Topic discussed by O. B. Randolph and E. B. Gillette.
3. Plastic Surgery—Paul Hohly. Topic discussed by Wm. Fisher and B. W. Patrick.
4. Abstract of Recent Literature—Thos. F. Heatley.

MARCH 8

1. Review of the Coroner's Work for 1917—W. H. Hartung.
2. Some Unusual Kidney Conditions—A. S. McKittrick, Kenton, O. Discussion opened by C. M. Harpster.
3. Anuria—C. O. Oberstag.
4. X-ray Treatment of Adolescent Goitre—P. J. Bidwell.

MARCH 15

1. Some Points in the Diagnosis and Treatment of Meningitis—H. J. Morgan. Discussion opened by H. E. Smead.
2. Comparative Study of Scorbutus, Rhachitis and Syphilis—T. S. Teter. Discussion opened by W. G. Dice.
3. Report of Case of Scurvy—C. F. Tenney.

 COUNTY SOCIETIES

FIRST DISTRICT

Butler County Medical Society met in the Y. M. C. A. building, Hamilton, March 13. Dr. Corliss R. Keller of Hamilton read an interesting paper on "Meningitis," and Dr. Mark Milikin of Hamilton reported a recent case of "Enlarged Spleen." There were other case reports and interesting discussions.—Mark Milikin, Correspondent.

Fayette County Medical Society has elected the following officers for 1918: President, R. M. Hughey; vice-president, L. M. McFadden; secretary-treasurer, Lucy W. Pine; state meeting delegate, G. W. Blakeley; alternate, W. E. Ireland.—Lucy W. Pine, Correspondent.

Champaign County Medical Society met in regular monthly session in the Urbana city hall, February 14. Dr. E. R. Earle of Urbana was the

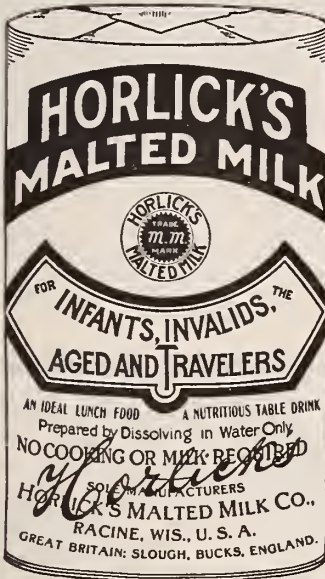
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principal speaker, reading a paper on "Tuberculosis of the Throat," after which a general discussion of the topic was indulged in.—(From a news clipping.)

Clark County Medical Society held its regular meeting in the form of a luncheon at the Bancroft Hotel, February 13. Dr. Halbert B. Blakey of Columbus spoke on "Pulmonary Abscess," giving a review of eight non-tubercular cases. Dr. J. J. Moore of South Charleston reviewed an interesting case and Dr. R. L. Bell of Springfield led a general discussion.—(From a news clipping.)

Darke County Medical Society, meeting in monthly session at St. Clair Memorial Hall, Greenville, February 21, listened to a talk by Dr. J. E. Monger, State Registrar of Vital Statistics, on the work in which he is engaged. Dr. James Rector of Columbus, who was scheduled to address the meeting on "No Man's Land," was delayed by traffic conditions.—(From a news clipping.)

Greene County Medical Society met in the rooms of the Business Men's Association, Xenia, February 7. Dr. Ben R. McClellan, lieutenant, Medical Officers' Reserve Corps, read a paper concerning the enlistment of physicians in their country's service and advocating such a course. Dr. Kent Finley of Xenia was chosen acting secretary of the society during the absence of Dr. H. C. Messenger in military service. After routine business the physicians banqueted at the Grand Hotel.—(From a news clipping.)

Miami County Medical Society held its regular monthly meeting at the Piqua Club, March 7. Dr. H. R. Pearson of West Milton presented an excellent paper on "Gall Stone Disease," and Dr. G. C. Ullery of West Milton opened the discussion.—R. D. Spencer, Correspondent.

Montgomery County Medical Society, meeting in Rauh Hall, February 15, listened to an address by Dr. J. E. Greiwe of Cincinnati on "The Results of Graphic Records on the Heart; Their Importance with Reference to Diagnosis and Therapy." The lecture was a very comprehensive discussion of the heart.—(From a news clipping.)

THIRD DISTRICT

Allen County Medical Society met at the Lima City Hospital, March 5. Drs. Oliver Steiner and Paul Steuber of Lima were the principal speakers of the evening, the former discussing "Fractures" and the latter speaking on "Mastoids." After the business session Dr. Iva M. Lickly served a splendid lunch, assisted by the hospital nurses.—(From a news clipping.)

Logan County Medical Society held an enthusi-

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astic meeting in the form of a noon-day luncheon at Hotel Ingalls, Bellefontaine, February 1, with 25 members present. Dr. F. R. Makemson of Bellefontaine read a paper on "Infantile Paralysis" and gave an interesting case report in connection with the subject. Dr. Frank Griffin presented an essay on "The Care of Children's Teeth," which brought out an interesting discussion. It was voted to ask for medical and dental inspection of public school children. Miss A. J. Cunningham, public health nurse of Bellefontaine was made an honorary member of the society.

The March meeting of the society was held at Hotel Ingalls, Bellefontaine, where a luncheon was served to about 35 persons. The meeting was along educational lines and the members of the Bellefontaine School Board and superintendents of the county were present. Dr. L. C. Pratt of Bellefontaine read an instructive paper on "The Treatment of Infected Wounds by the Carrol-Cakin Method." Miss Josephine Cunningham, Bellefontaine public nurse, spoke on the duties of a public nurse. Dr. C. W. Schroeder's paper on "Oral Hygiene in Public Schools" introduced the honor guest of the afternoon, Dr. J. H. Rauh of Cincinnati, who gave an interesting discussion of the subject "Medical and Dental Inspection of School Children." The society decided to ask the trustees of the Mary Rutan Hospital, now under construction, to establish a dental room in the in-

stitution for the use of our co-workers, the dentists.—Guy J. Kent, Correspondent.

FIFTH DISTRICT

Ashtabula County Medical Society held its 120th regular meeting, Tuesday evening, February 12, at the Ashtabula General Hospital. The meeting was called to order by President S. H. Burroughs. Dr. John Phillips of Cleveland addressed the society on "Infections Due to Colon Bacilli," giving reports of several clinical cases. Dr. J. J. Hogan presented a clinical case of phantom tumor. The application for membership of Dr. F. C. Smith of Geneva was submitted, approved by the censors and accepted by the society. After a buffet luncheon the meeting adjourned.—Bernice A. Fleek, Correspondent.

Erie County Medical Society met at the Sunyendeand Club, Sandusky, on the evening of February 28th and took in the following new members: J. D. Parker, W. A. Crecelius, F. F. Lehman, H. B. Frederick and C. A. Schimansky. President C. Bliss outlined a course of study of hospitals to be taken up at succeeding meetings.—H. D. Peterson, Correspondent.

Lake County Medical Society held interesting meetings on January 4 and February 4. On the first occasion Dr. A. B. Schneider of Cleveland

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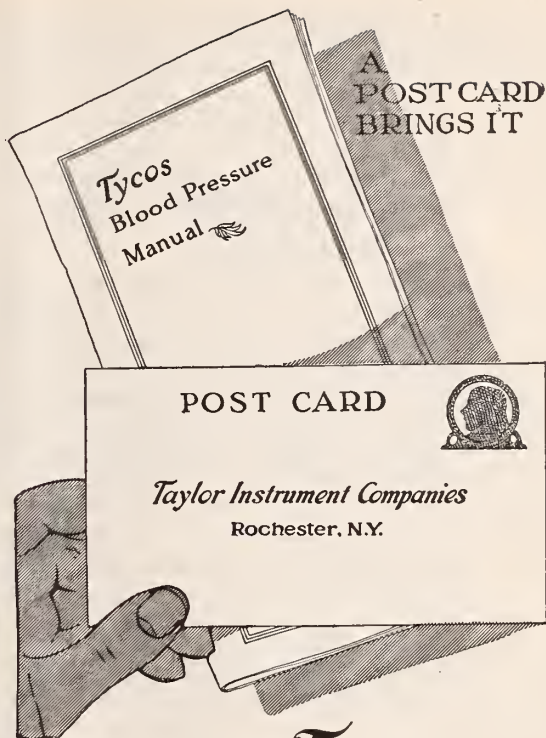
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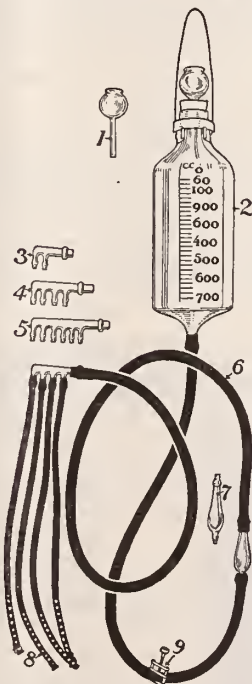
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gave an excellent talk on "Pneumonia," while on the second Dr. Harry G. Sloan of Cleveland spoke ably on "The Surgical Treatment of Exophthalmic Goiter." We have made some changes in our fee bill, raising the price of an ordinary visit in town to \$2.00, with \$3.00 for a night visit and \$20.00 as an obstetrical fee. The next meeting will be held April 1.—V. N. Marsh, President.

SIXTH DISTRICT

Portage County Medical Society met in regular monthly session at the residence of Dr. W. C. Ramsey, Kent, February 14. One-half the members were present. Following routine business the members entered into a consideration of the rules and regulations of the new Portage County Hospital, opened February 18. A spirited discussion ensued which resulted in a number of recommendations being made. There being no other business, the society adjourned to meet with Dr. L. A. Woolf in Ravenna, March 14.—W. B. Andrews, Correspondent.

Summit County Medical Society held its regular monthly meeting, March 5, with an attendance representing Kenmore, Doylestown, Akron and Cuyahoga Falls. Three new members—I. M. Pfouts of Rittman and M. D. Miller and A. G. Gould of Akron—were admitted to membership. J. M. Denison and S. St. J. Wright were appointed

to raise a subscription of \$100.00 toward the Matson Memorial Fund. The program, a symposium on "Tuberculosis," follows: 1. Pathology, W. A. Mansfield; 2. Diagnosis: (a) Clinical, J. N. Weller; (b) X-Ray, G. W. Rockwell; (c) Laboratory, F. W. Riley; 3. Treatment: (a) General, D. S. Bowman; (b) Intravenous, K. H. Harrington; (c) Homeopathic special, W. Wilson; (d) Surgical, L. C. Eberhard. Drs. Mansfield, Rockwell, Riley and Bowman were unable to be present. Much praise is due Drs. Weller, Harrington, Wilson and Eberhard for their thorough and well prepared papers.

On March 13, Mr. Duncan McCormick, K. C., B. C. L., a prominent advocate and kings councillor of Montreal, was entertained at lunch by the officers and his medical friends, he being an honorary member of the society. A. S. McCormick, Correspondent.

EIGHTH DISTRICT

Athens County Medical Society met in the office of Dr. T. A. Copeland, Athens, February 5. Dr. R. E. Bushong of the Athens State Hospital read an excellent paper on "Mental Disorders and Their Relation to Physical Diseases." Dr. Charles Butt of Nelsonville read several of his own poems, to the great pleasure of his audience.—(From a news clipping.)

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FREMONT, OHIO

Licking County Medical Society held one of the most interesting and enjoyable meetings in the history of the organization, February 28, when Dr. W. C. Rank entertained at his beautiful home on West Church Street. The program for the evening consisted of talks on "General Debility" by Dr. J. G. Sherer and "Smallpox Diagnosis" by Dr. W. H. Knauss. Both talks were very instructive. The secretary was instructed to request senators and representatives of this district to support Senate Bill No. 3748 and House Bill No. 9563, which provide for increasing the rank of physicians in the Medical Corps of the U. S. Army to rank equal to that given similar officers in the Navy. After the program a delightful buffet luncheon was served. Twenty-five members were present.—W. E. Shrontz, Correspondent.

Muskingum County Academy of Medicine held its regular monthly meeting in the Zanesville High School Auditorium, March 13. The program—a symposium on anesthesia—was unusually interesting. It follows: (a) "Anesthesia," Dr. E. I. McKesson of Toledo; (b) "From the Standpoint of the Obstetrician," Dr. Charles E. Turner of Columbus; (c) "From the Standpoint of the Surgeon," Dr. I. O. Denman of Toledo; (d) "From the Standpoint of the Anesthetist," Dr. W. I. Jones of Columbus; (e) A moving picture film, showing technique in N. O-O. anesthesia in tonsillectomy, Drs. Ira O. Denman, E. I. McKesson; (f) A moving picture film of the technique of N. O-O. analgesia in obstetrics, Drs. C. E. Turner, W. I. Jones. Dentists and nurses were invited.—O. I. Dusthimer, Correspondent.

NINTH DISTRICT

Scioto County—Hempstead Academy of Medicine met in Carnegie Hall, Portsmouth, February 12. Dr. T. H. McCann of New Boston read an interesting paper on "Some Pelvic Inflammatory Conditions a Doctor Will Meet in His Medical Life." A very lively discussion by all present followed. Dr. H. A. Green, formerly of Cambridge, was admitted to membership.

At the regular meeting of the society on January 8 Dr. W. E. Gault read a paper on "Smallpox," and gave the society a good idea of the situation in Portsmouth. In the discussion that ensued Dr. T. H. McCann of New Boston told of the smallpox situation in his village.—O. D. Tatje, Correspondent.

TENTH DISTRICT

Crawford County Medical Society met at Bucyrus Thursday, February 28. George V. Sheridan of Columbus, Executive Secretary of the State Association, presented a review of recent medical developments in Ohio and outlined legislative and economic conditions which the profession must face in the near future. An interesting discussion followed.

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Dr. W. R. Wall, Cleveland, Ohio, was driving on an oiled boulevard when his car skidded and "turned turtle," killing the doctor instantly.

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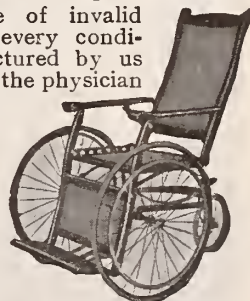
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DEATHS IN OHIO

Samuel D. Allen, M. D., Cleveland University of Medicine and Surgery, 1875; member of the Ohio State Medical Association; aged 66; died at his home in Oak Harbor, March 4. Dr. Allen will be missed as a valuable member of the profession and a useful citizen to the community in which he lived.

William S. Alexander, M. D., College of Physicians and Surgeons, Baltimore, 1893; aged 51; a Fellow of the American Medical Association; died at his home in Oxford, December 22, from cerebral hemorrhage. Dr. Alexander was local surgeon of the Cincinnati, Hamilton and Dayton and Pere Marquette systems and for many years a member of his village council and Butler County Board of Education.

Jeremiah Crisp Bartlett, M. D., Medical College of Ohio, Cincinnati, 1865; aged 72; died in the Masonic Home, Springfield, December 16, from senile debility. Dr. Bartlett was for many years a practitioner of Marietta and Cambridge, but for the last four years has been an inmate of the Masonic Home.

William H. Gifford, M. D., Hahnemann Medical College and Hospital of Chicago, 1891; aged 49; died of pneumonia, February 22, at his home in Cleveland. Dr. Gifford had practiced in Cleveland for more than 20 years. He is survived by his wife.

William P. Harris, M. D., licensed to practice in Ohio in 1896; member of the Ohio State Medical Association; aged 81; died at the home of his daughter in Centerville after an illness of two weeks from a stroke of paralysis. Dr. Harris' home was in Demos, Belmont County, but since the death of his wife in 1916 he had resided in Centerville.

Lieutenant George E. Hull, M. D., Cleveland Pulte Medical College, 1901; member of the Ohio State Medical Association; aged 40; died at Grace Hospital, Cleveland, March 1, following an operation for appendicitis. Dr. Hull had been commissioned a first lieutenant in the Medical Officers' Reserve Corps but had not been called to active service. His home was at Mantua, where he had practiced for seventeen years. The widow and two children survive.

William H. Humphrey, M. D., Medical College of Ohio, Cincinnati, 1877; member of the Ohio State Medical Association; fellow of the American Medical Association; aged 66; died at his



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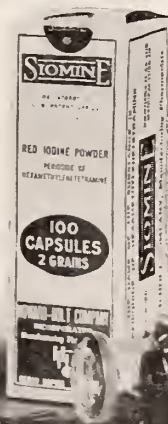
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home in Yellow Springs, February 18, of heart trouble. After graduation Dr. Humphrey began practice in Terre Haute where he stayed but a short time, coming to Yellow Springs from that place. He served at one time as president of the Greene County Medical Society. Surviving are his wife and three sons. Dr. Leslie Humphrey of Dayton is a son.

Cyrus L. Kreider, M. D., University of Pennsylvania School of Medicine, Philadelphia, 1863; aged 77; died at his home in Monroeville, February 22. He is survived by his wife, three sons and one daughter. Dr. Edwin R. Kreider of Monroeville is a son.

John J. Marvin, M. D., Pulte Medical College of Ohio, Cincinnati, 1874; aged 84; formerly demonstrator of anatomy in his alma mater; twice mayor of the village of Pleasant Ridge, and founder of the Pleasant Ridge Library; died at the home of his son in Pleasant Ridge, February 5, as the result of a fractured rib.

Americus Miesse, M. D., Cincinnati College of Medicine and Surgery, 1871; aged 70; died at the home of his daughter in Sidney, February 26, of paralysis. Dr. Miesse devoted 34 years of his life to the practice of medicine, having practiced

in Lima for 22 years. He retired seven years ago. One daughter survives.

Richard H. Moore, M. D., Medical College of Ohio, Cincinnati, 1862; aged 79; died, February 17, of apoplexy while visiting in Mt. Healthy. Dr. Moore had been a practitioner of Groesback for more than 40 years. He leaves a widow and one son.

Albert H. Myers, M. D., Western Reserve University School of Medicine, Cleveland, 1857; aged 87; died at his home in Carey, February 16, of hardening of the arteries. Dr. Myers was a physician of Carey, having begun practice in that village shortly after his graduation. Two brothers survive.

William J. Whelan, M. D., Northwestern University Medical School, Chicago, 1865; Columbia University Medical Department, 1875; aged 79; died at his home in Youngstown, February 19, after an illness of several months with cardiac asthma. Dr. Whelan was one of the founders of the Youngstown City Hospital, an organizer of the Mahoning County Medical Society and a veteran of the Civil War. His wife and eight children survive. Dr. Raymond E. Whelan of Youngstown is a son.

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"Let the shades of Merlin and the witch of Endor stalk, if they will, about the capitol, and raise a wind of protest. The fact remains. The Ohio law looks coldly on the conjurer and knows him not. His claims are unrecognized and his name is Ichabod. His glory is departed.

"Seldom are state officials called upon to explain by formal pronouncement that there is a distinction between these modern times and the dim and dusty years of magic spells. But they were today. And now all that is left to the conjuror is to look backward and sigh, 'Them was the days!'

"The Ohio Industrial Commission received, in connection with a claim for compensation for a hurt employe, an accompanying bill from a man who described himself as the 'attending physician.' His bill was for \$20."

"He explained he had cured the injured man, not by medicine, but by 'conjuring.' The industrial commission scratched its collective head and referred the bill to Attorney General Joseph McGhee.

"The attorney general's opinion holds that under the Ohio law in connection with compensation claims only bills for medical and hospital services and nursing can be paid and that 'conjuring' is shut out in the snow.

"The opinion expresses some regret, for it says

the bill shows the cost to the patient was only about \$1.25 per 'conjure,' which was certainly cheap.

"The ruling holds out just one hope to the 'conjurer.' It suggests he exercise his arts and pluck the \$20 from the air or borrow somebody's hat. That's the only chance, says Attorney General Joseph McGhee."

* * *

The odd part about the above—contributed to the *Cleveland Plain Dealer* by Walker S. Buell, its Columbus correspondent,—is that it is true.

The "conjuror's" charge was made, as the "attending physician or surgeon," and Director of Claims Hamm, of the Industrial Commission, was compelled to lay the case before the Attorney General for a formal opinion.

FROM CAMP SHERIDAN

Editor, *The Journal*:—This is just a little note of appreciation of the kindness extended to me, as outlined in your recent letter. I enjoy *The Journal*. It keeps me in touch with the medical world and medical friends at home as no other organ can. Very thankfully and sincerely,
G. O. Burrell, 1st Lieut., M. L. N. G., Field Hospital 147, Camp Sheridan, Alabama.

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OHIO HOSPITAL NOTES

—The report of the trustees of Samaritan Hospital, Ashland, states that 475 patients were cared for during 1917. Expenditures for the year were \$15,826.57 against cash receipts amounting to \$12,586.85. The average daily cost per patient was \$2.97 and the average number of patients cared for each day was 16.

—Dr. Charles E. Holzer of Gallipolis has purchased ground on which to erect another addition to his hospital. Since the new hospital was opened every room has been accepted and a waiting list soon made apparent the need for a larger building.

—Cuyahoga county commissioners paid the city of Cleveland \$6,700 for caring for patients in the observation ward at the city hospital during the last six months of 1917. These patients are sent to the institution from Probate Court, to be kept there until their mental condition may be fully determined. The county is charged \$17.00 per week for each patient under observation.

—Miss Frances Smith, superintendent of Memorial Hospital, Elyria, has resigned.

—Residents of Wood County want a tuberculosis hospital. A campaign toward that end has been started by the Rossford Anti-Tuberculosis Society which has been organized and 50 members enrolled.

—The Lorain Board of Health has under consideration plans for a new \$10,000 contagion hospital. The plans call for a fourteen bed institution, with sections for contagious cases.

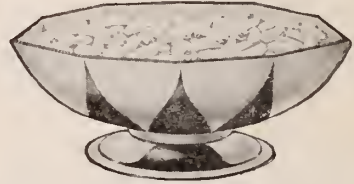
—Mrs. Daisy Kingston, health nurse of Fremont, has been elected superintendent of Sandusky County Memorial Hospital.

—Portage County Hospital, formerly White Hospital, Ravenna, was opened to the public, February 20. With the completion of the annex now under construction the hospital will accommodate 24 patients.

—A committee to inform parents of Dayton girls in regard to the advantages of modern training for the nurses' profession has been appointed under direction of the Council of National Defense, through the head of the Ohio division's nursing committee. Miss Eleanor Hamilton, principal of the Miami Valley Hospital training school, heads the committee. Accommodations at the school will be almost doubled by the addition of a new building in the near future.

—It is reported that two northern Ohio physicians are considering New Lexington as a site for a new hospital.

—More patients were received by Mercy Hospital, Hamilton, during 1917 than ever before, and a greater financial loss was experienced than in previous years. Coal cost \$1,200 more this



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year than last, while medicine, linen, food and other supplies increased steadily. Public patients for whom the city appropriates money each year were another source of loss since the money received did not meet the expenses incurred by the care of these patients.

—The Rocky Glen Sanitarium, McConnellsville, announces the cancellation of its county contracts. Hereafter the institution will be conducted as an exclusively private sanitarium for the treatment of tuberculosis.

—An isolation section in connection with East Side Hospital, Toledo, will be built during the coming summer. The building will have eight rooms and will be in charge of Dr. Max Shaweker.

—New officers of the Springfield City Hospital staff are: President, Dr. Harry B. Martin; vice-president, Dr. W. B. Patton; secretary, Dr. Will Ultes. Dr. Martin succeeds Dr. W. A. Ort, now serving in the Army.

—The Middletown Hospital Association started a campaign to close up all unpaid subscriptions, February 21, by filing suit against delinquent subscribers whose names begin with "A." As the campaign proceeds action will be taken against those whose names begin with "B," etc., through the alphabet, until all who have not paid their subscriptions have been sued.

—At the suggestion of Major C. R. Holmes, dean of the medical college of the University of Cincinnati, a plan to limit the dean's power in the appointment of physicians for the Cincinnati General Hospital was approved. In the future all appointments must be passed on by the board of directors.

—The entire staff of 11 pupil nurses at Alliance City Hospital went on strike February 16, when their demands for changed conditions in the institution were refused by the superintendent. As a result of the difficulty the superintendent, assistant superintendent and six staff nurses resigned and the strikers returned.

—The contract for Good Samaritan Hospital, Sandusky, has been awarded and work began on March 11. Contributions toward a \$20,000 fund with which to equip memorial rooms are being received.

—Trustees of the Springfield city hospital have selected Dr. C. R. Holmes of Cincinnati as consultant in the proposed plans for the new addition to the present institution or another structure which may be erected. Dr. Holmes is a major in the Medical Reserve Corps at Camp Sherman.

—The annual report of the superintendent of the Columbus Children's Hospital shows that 5000 patients were cared for at the dispensary and 800 children in the hospital last year.

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Syringe A	contains	0.0025	mg. pollen protein nitrogen
" B	"	0.005	" " " "
" C	"	0.01	" " " "
" D	"	0.02	" " " "
" E	"	0.04	" " " "
" F	"	0.08	" " " "

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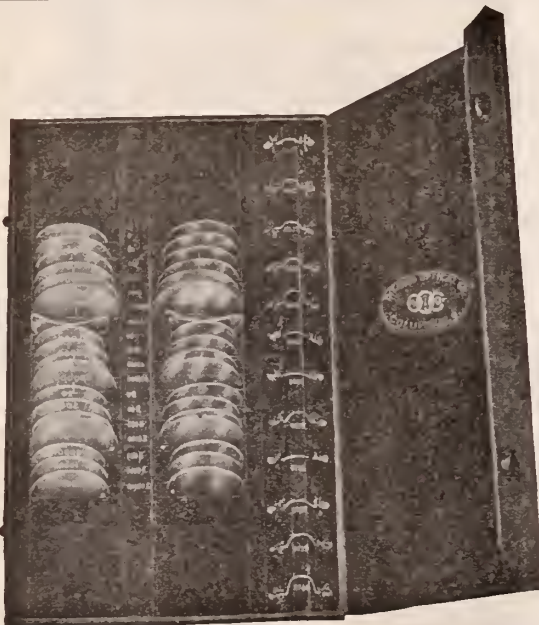
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**Next Meeting of the State Association,
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Editorials

We Must Face This Health Insurance Development Squarely Here in Ohio

Few doctors realize the intensive changes in medical practice conditions that would be brought about in Ohio by the adoption of a state health insurance plan. We have tried to picture the situation if Ohio were to adopt a system similar to that outlined in a bill now being given serious consideration by the New York legislature.

In the first place, this administration of the insurance would be largely in the hands of local groups, and so far as possible existing agencies would be used as insurance carriers. The New York state bill provides for the utilization of existing organizations, such as fraternal benefit societies, labor unions, establishment funds (funds operated and maintained for the benefit of its employes by a single commercial establishment) and general public funds for the protection of those workers who would not be included under any of the special carriers.

In the large cities where the industrial situation is complex, there would be a large number of funds. For example, in a city like Columbus, each of the trade union groups—molders, linotypers, brick masons, carpenters, etc., would, if they chose to do so, maintain a separate fund. The existing fraternal orders which have sickness insurance benefits would likewise probably continue offering service to their members. It is probable that from 10 to 50 of the larger manufacturing plants would maintain individual establishment funds. For example, the employes of The Jeffrey Manufacturing Company would operate a complete fund (which would be in effect a separate insurance company) covering the employes of that particular plant. Finally, it would be necessary to establish and maintain a separate and public fund for the city, to provide insurance for those workers who would not be included in either the trade unions, fraternal or establishment groups. In a city so large as Columbus it might be necessary to operate three or four of those general public funds.

Each of these separate funds—or separate insurance companies, as they would be in reality,—would operate as an individual unit, subject, at all times, to regulation by a general state board that would have the power to establish and maintain minimum standards which all local administrative units would be forced to meet. In other words, the local funds would be subject at all times to general state regulations of a minimum nature, and their work would be constantly scrutinized by the state to see that each fund maintained not only its solvency, but its obligations to its members in accordance with

state standards. This would mean, of course, a system of appeals from the rulings of the local funds to the state board.

In the smaller cities and villages the situation would be less complex. Probably in a town of five thousand there would be one or two fraternal funds, one or two special establishment funds and a single general fund to include all other workers coming within the range of the act. If farm laborers are exempted it will limit the establishment of special funds to those communities where industrial workers are employed.

Under a system such as is outlined above, the status of the physician will be determined largely by his attitude toward the development of the act and by his local connections. Undoubtedly the panel system will be adopted by the local administrative units. For example, a trade union fund which might include 300 families would probably carry a panel of from five to 20 physicians who would be selected by the workers comprising the insurance unit. However, any one of these physicians might also be included on the panels of other local units. In a large city the doctor whose practice is now centered in the working districts would probably be on a number of panels. In the smaller towns it is probable that all of the doctors who were so inclined would be on all of the panels.

Under the insurance proposals that were suggested for Ohio at the last session, the coverage is very broad. The so-called Model Bill, for example, provides complete sickness insurance for all persons having an income of less than \$1200 per year, and in addition provides medical attention for all members of their families—even to maternity and obstetrical attention.

Should such a system become operative in Ohio it would mean a very broad extension of medical service. In every investigation the fact has been developed that a very large percentage of sick people do not receive medical attention. It is either too expensive to summon a doctor or the patient cannot afford to leave his work at the onset of the disease. Instead, he waits until Nature demands a rest, and often until it is too late. It is readily apparent that if state sickness insurance becomes effective and the cost of this attention paid for by the insurance carrier, the amount of medical attention will be very materially increased.

Let's View Facts Calmly

It is rather difficult in these war times to give careful consideration to any movement not connected with the war, but we hope that the physicians of Ohio will not lose sight of this steadily developing movement towards state health insurance. Indications are that Ohio will be one of the first states to seriously consider this radical step and it is not improbable that Ohio will be among the first to adopt a working plan.

The general movement bears a striking resemblance to that which was responsible for the enactment of workmen's compensation laws in all of our leading states within a period of practically five years. There is no reason to believe that health insurance will sweep the country in so short a time, but there is good reason to believe that it is coming sooner or later.

The recent developments in New York state strengthen this opinion, for there practical working forces which exert great influence on governmental procedures are giving state health insurance serious consideration. The bill pending before the New York legislature has the indorsement of and is being pressed by the state federation of labor.

It is not beyond the range of possibility that Ohio will be in a similar position a few months hence. The state commission that is investigating the situation here will make an effort to complete its work late this fall, and if its findings warrant such action, will recommend the introduction of a definite sickness insurance bill for consideration by the legislature which convenes in Columbus in January.

Mr. John A. Lapp, the director of the Ohio survey, advises us that public hearings will be held by the Ohio commission throughout the late summer and fall months. He assures us that the physicians of the state will be given every opportunity to present their views and that very careful consideration will be given to the medical phase of the health insurance problem.

The writer knows through detailed inquiry that a majority of Ohio physicians are strongly opposed to the adoption of health insurance. In fact, there seems to be very little, if any, sentiment in favor of the plan within the medical profession of the state. Those who are not definitely opposed seem to be indifferent.

The attitude which *The Journal* has advocated, and still advocates, is that we suspend judgment until the Ohio commission has completed its survey. Then we will be able to form an intelligent opinion based on facts. The value of sticking to this position is becoming very apparent as the state investigation progresses. The writer is convinced that the commission is approaching the subject from an unbiased standpoint and that eventually it will base its conclusions upon the facts—not upon theories promulgated by propagandists. When the commission was first appointed we were inclined to feel that it had been "packed." That suspicion has disappeared as far as we are concerned.

A fair and thorough investigation of the situation will be a splendid thing for the state. If the facts prove that health insurance will be a material factor in preventing sickness and providing better care for the sick, all of us will be for it. If, on the other hand, it proves to be merely a half-baked scheme that will disorganize our present system without material benefit

to the public, the investigation will develop the ammunition with which we can fight such a proposal.

Opponents are Active

That the state health insurance movement is becoming a matter worthy of our serious consideration—particularly in these larger industrial states—is indicated by the strength of the organized propaganda that is being developed to combat its growth. This seems to find leadership in an organization known as "The Insurance Economics Society of America" with headquarters in Detroit, which is conducting a quite active campaign. Recently this society sent out a questionnaire to 100 medical societies and to "many physicians specializing in welfare and insurance work" in an endeavor to secure definite information concerning the real extent of sickness and the actual necessity for nursing, operative procedures, hospitalization, etc. It has published its findings in an effort to show that the passage of the New York state bill would cost the citizens of the state \$136,891,000 per year, which figures the society claims are conservative.

In arriving at the facts as to who and what would be involved if the New York bill were placed in local operation the society publishes the following table. We quote it from their recent pamphlet without change—although we certainly take no responsibility for the statements made. The table follows:

WHO AND WHAT WOULD BE INVOLVED

1. Population of New York State.....	10,500,000
2. Number that would be subject to law, 85% (Art. 1, page 3).....	8,425,000
3. Number disabled each year by sickness and accidents not covered by compensation laws, 33% of No. 2.....	2,945,000
4. Number that would require nursing, 25% of No. 3.....	736,000
5. Number that would require hospital care, 16 2/3% of No. 3.....	491,000
6. Number that would require operations, 8 1/3% of No. 3.....	245,000
7. Number of visits from physicians, figuring average disability of 21 days, 15 x No. 3.....	44,100,000
8. Loss of time by wage earners, 9 days each x 4,500,000 days.....	40,500,000
9. Number of Carrier Associations necessary to administer the law, allowing 4000 wage earners and 5000 dependents for each.....	1,000
10. Number of officers, directors and employees necessary for 1000 associations, 25 each.....	25,000
11. Number of State and City employees coming under the law, to be paid for by tax payers.....	150,000
12. Number of days to be compensated to wage earners, 7 each x 4,500,000.....	31,500,000
13. Funeral benefits, based on American Life Tables, average of deaths per 1,000 per year among wage earners 16 to 60 years of age 14.7. 14.7 per 1000=14,700 per 1,000,000 x 4 1/2. Deaths annually.....	66,150
14. Necessary expense to maintain 1000 laboratories annually, each.....	1,000
15. Cost of medical and surgical supplies No. 3 x \$2.00 each.....	
16. State supervision and administrative expense. Political— put in your own figures. Ohio employs some 800 politicians to administer its compensation benefits to 1/3 the number of people and only 1/3 as many claims.....	
17. Dental service No. 3 x 5.00 each.....	
18. Reserves 5% of cost.....	

The pamphlet then endeavors to explain the actual cost, in dollars and cents, of such procedures. It presents the following compilation, the marginal reference numbers referring to the corresponding numbers in the preceding table.

COSTS

4. 736,000 patients x 15 days @ \$2.25 per day.....	\$ 24,840,000
5. 491,000 patients x 12 days @ \$15.00 per week.....	12,626,000
6. 245,000 patients x \$20.00 each.....	4,900,000
7. 44,100,000 visits @ 25c each.....	11,025,000
9. 1000 Carrier Associations @ \$15,000 per year.....	15,000,000
11. 150,000 x \$15.00 each (1/3 of whole cost).....	2,250,000
12. 31,500,000 at average of \$1.00.....	31,500,000
13. 66,150 at \$100.00 each.....	6,615,000
14. 1,000 at \$1,000.00 each.....	1,000,000
15. 2,945,000 at \$2.00 each.....	5,890,000
17. 2,945,000 at 5.00 each.....	14,725,000
18. Add 5% of Nos. 4-17 inclusive.....	6,520,000

Total\$136,891,000

From the same source we received a statement issued by the Chicago Medical Society and compiled by its committee on social or health insurance. The statement is a severe arraignment of the whole plan from a medical viewpoint and is designed to refute the claims made by the health insurance propagandists that the system is working out satisfactorily in Europe.

During the period in which the subject is under intensive consideration in Ohio we intend to devote considerable space to it. It will be our object to present the arguments of both sides. In that way members of the Association who follow the discussion will have an opportunity to judge for themselves.

In this issue we are presenting a detailed discussion of the general subject prepared by Dr. E. R. Hayhurst of Ohio State University, who has given the matter very careful consideration. Dr. Hayhurst is known as an advocate of the system. We expect next month to present an article by another of our members who is radically opposed.

How Different, in Civil Life

A recent incident at Camp Sherman illustrates the increased recognition that is being given by the military authorities to the medical branch of the service. Two privates were sentenced to three years at hard labor in the military prison at Fort Leavenworth for refusing to submit to operations which the military surgeons had testified were necessary. In addition they will be dishonorably discharged from the National Army upon the expiration of their sentences and will forfeit all pay and allowances.

According to the newspaper reports, one man had flatly refused to undergo operation for a double inguinal hernia which Army surgeons declared to be imperative in order to enable him to perform his duties as a soldier. The other had refused to submit to an operation for chronic appendicitis.

Newspaper reports indicate that the military authorities at the camp will, in the future, insist upon strict observance of recommendations made

by the Medical Corps. Nothing is to be permitted to interfere with the complete efficiency of the fighting men who are to go overseas.

Let's Make It the Best

Postponement of the state meeting to the first week in October should mean the best program in the history of the Association. Dr. Teachnor, chairman of the program committee of Council, has urged all section officers to proceed with the development of their section programs. The delay will make it possible to secure better general orators. In addition it is hoped to secure several excellent military papers. Some of the men who have been at the Front for many months will have returned by that time and will give us first hand accounts of the military phases of modern fighting.

We suggest that in making plans for your summer vacation you take into consideration arrangements for at least three days in Columbus during the first week of October. It will be well worth while.

Ohio Doctors and the Draft

The report of the Provost Marshal General covering the first draft under the selective service act throws an interesting light upon the work of the medical profession in connection with the development of the National Army. For the first time it gives us definite information as to the number of selective service men who, after being passed by the local examining boards, were declared to be physically unfit by the examining surgeons at the cantonments. The table shows that prior to November 30, 9,850 men were sent to Camp Sherman from Ohio and Western Pennsylvania, and that of this number 1,012 were rejected by the cantonment surgeons and returned to their homes. This percentage, 10.27, is higher than in 12 other cantonments, but is lower than the percentage for Camp Devens (11.87), Camp Jackson (11.12), or Camp Lewis (11.00).

Mr. Crowder does not present the data showing the causes for physical rejections at the separate cantonments. The report includes, however, a table based upon data in 10,258 cases where the men were rejected at camp after being passed by the local examining boards. This shows that 21.68 per cent. of the cantonment rejections were on the basis of eye defects and that 8.50 were rejected because of oral conditions. These are the principal causes.

The Provost Marshal points out that while these percentages are rather high, they cannot be considered as reflecting on the work of the local examining surgeons. He calls attention to the fact that their patriotism and desire to furnish the Army with available men caused them, in many instances, to give the government the benefit of the doubt. He further points out that

cantonment surgeons also varied in strictness of their examinations.

Mr. Crowder explains the reports that were circulated some months ago to the effect that men were arriving at the cantonments with glass eyes, cork legs and other obvious disqualifications. These reports left the broad inference that the local examining surgeons had been extremely lax in their work. Mr. Crowder states that these gross defects occurred almost without exception in the ranks of the twenty thousand slackers who were rounded up by the military authorities after they had failed to report for examination, and who were bundled off to camp under military guard without preliminary physical examination of any sort.

Ohio civil officials in charge of the selective draft work are warm in their commendation of the medical profession. Governor Cox, the head of the service, takes occasion frequently to express this appreciation in his public utterances. Major Pealer, in charge of state headquarters, in a recent conversation with the writer asserted that not a single instance of dishonesty had been uncovered in connection with the medical draft work, and that very little inefficiency had been detected. On the other hand, he stated, a large number of busy medical men have shown complete willingness to meet every requirement from state headquarters, and have considered the work as a great public trust.

State officials in close touch with the draft work unite in expressing the hope that physicians connected with local and district boards will continue their sacrifices. They point out that these men, fortified by the experience of the earlier work, will greatly expedite the procedures in coming months. The government and draft officials are loath to accept any resignation except where retirement is absolutely necessary. Dr. Charles Hamilton, medical aide to the governor, who has general supervision of the medical advisory boards, reports that the men selected to fill these important posts are rendering splendid service throughout the state. It is probable that extensions of this service will be necessary as in some of the districts the medical advisory boards have more work than they can possibly meet. The government, acting through Dr. Hamilton, has authority to create additional boards for this service.

Modern Hygiene

The practice of medicine is broadening in an almost unbelievable manner. Its greatest development in recent years has been in the field of industrial sanitation. Recently while in New York City the writer had the pleasure of an hour or so with Dr. Clyde E. Ford, who, since retiring as health commissioner of Cleveland, has lived in the East and has had charge of the medical service of one of the country's largest

corporations, The General Chemical Company. At the time, Dr. Ford was deeply immersed in working out a plan to build a complete small city. The General Chemical Company, which has large plants scattered over the continent, had found it necessary to enlarge its facilities in a plant near Philadelphia. The chief difficulty was in providing living accommodations for its hundreds of employes. Realizing that the health and happiness of the worker is an industrial asset, the company finally purchased a large tract of land in the valley above the city and instructed Dr. Ford to lay out a complete municipality, with adequate sewage and water supply and other things necessary to keep the workers healthy.

This increasing tendency of industrial concerns to protect the health of the worker in the same manner that it protects the up-keep of its machinery is probably the greatest single factor in the advancement of hygiene and sanitation. It is developing so rapidly that even the small corporations are realizing its merit. It will have a marked tendency upon the practice of medicine throughout the country during the next few years. Industrial hygiene is a field that no physician can afford to overlook.

Go To It, Gentlemen!

Chiropractors of northeastern Ohio, whose ideas relative to a campaign of education seem to coincide with those of the late Mr. P. T. Barnum, purchased two full columns in *The Akron Beacon-Journal* of March 11, to advertise the coming of B. J. Palmer, "D. C., Ph. C." In some of the *Beacon-Journal's* choicest and blackest type, Mr. Palmer was announced as "the world's greatest lecturer on chiropractic." The public was invited to assemble at the armory and learn from the chief disciple of the cult the wonderful things that chiropractic could accomplish for the sick. Everything was set for a truly splendid time.

However, when the renowned Mr. Palmer arrived at the Portage Hotel he was given a rather rude greeting. Court officers served on him notice of a libel suit that had been filed by one William Backus of Cleveland, who claims to be a chiropractor and is the head of the Cuyahoga County Chiropractic Association. Backus claims that Palmer said nasty things about him in the chiropractic propaganda journal published at Davenport, Iowa, and known as "*The Fountain Head News*." We have not seen a copy of the petition, but we quote the following from a news article in *The Akron Times*:

"He alleged Palmer referred to him in the paper as a 'skunk, Judas, squealer, stool pigeon and piker,' and wound up a recent article with the assertion that he (Backus) 'is angel or devil for dollars—right or wrong.'"

We would like very much to be in court when

this suit is brought to trial. If Mr. Palmer and Mr. Backus get down to cases and tell the real truth about each other a fine time will have been had by all.

The Soul of Wit

In view of the fact that papers for the October state meeting are in course of preparation, we remind you (quoting from *The Survey*) that:

Have you had a thought that's happy

Boil it down.

Make it short and crisp and snappy—

Boil it down.

When your mind its gold has minted,

Down the page your pen has sprinted,

If you want your effort printed,

Boil it down.

A Little Prediction

Some day members of the Ohio State Medical Association are going to pay dues in direct ratio to their professional incomes. We proposed it last year, you may remember. A number of people who took time to analyze the proposition approved it. The rest of you fell on it like a load of bricks.

We are going to remind you of it from time to time, but we will never propose it again. Some one of our successors will do that, one of these days, after you have awakened to the fact that medical organization is becoming an increasing economic necessity, and it is unfair to tax on an equal basis, Dr. John Jones, who makes \$600.00 a year by driving the backwoods down in the hills, and Dr. Peter Smith, who does surgery to the tune of \$60,000 up in the city.

Greeting From Doctor Reeve

Dr. J. C. Reeve of Dayton, now in his ninety-second year, is alert mentally and physically, and still retains a keen interest in organized medicine. Recently the executive secretary in forwarding his life membership card expressed the wish that he might be able to attend our annual meeting. The following note in reply will be of interest to his wide circle of friends throughout the state:

"I regret very much that I am unable to accept your invitation to attend the annual meeting. I do not go, any more, farther than a few blocks from my office. As the oldest living member of the society, I cannot resist the impulse to express my gratification at the high position which the Ohio State Medical Society occupies and at the efficient service it renders to the profession—all the result of its fine perfected organization. I send a hearty greeting to all its members.

Cordially and fraternally,

J. C. REEVE."

*Original Articles***Health Insurance***

Emery R. Hayhurst, Ph.D., M. D., Columbus
College of Medicine, Ohio State University.

THE physician is accustomed to approach any constitutional disturbances in the usual stereotyped form, beginning with definition, brief note on history, etiology, etc., winding up with treatment. This subject of health insurance might be handled well the same way, but time permits only the discussion of certain few phases. In this paper I freely acknowledge the wholesale use of the thoughts and expressions of others and only an occasional trim of my own.

We would like to know, as physicians, *who or what is responsible for kicking up the hubbub*. In a word, I find that there are many agencies. Those who were behind workmen's compensation from the beginning are now behind the health insurance movement. Economists, sociologists and humanitarians are strongly represented among its proponents. President Bush, of the Ohio Manufacturers' Association, says: "I believe that health insurance is an economic and moral necessity. I believe it will be established in the end," etc. William Green, John Mitchell and other men prominent in labor circles have repeatedly gone on record in a like key. Dr. Frank Billings, Chicago, says: "I am unequivocally in favor of compulsory insurance and the protection of maternity. That, I think, must be the attitude of anyone who studies the question of illness in its relation to economic conditions." Our Secretary-Treasurer, Dr. Selby, says: "The principle of health insurance is good." Finally, different sections of society are being organized, sometimes into heartless combinations as far as the beneficiaries and physicians are concerned, but usually, I believe, to their own mutual advantage, and all are demanding more intensive medical service upon a more economic basis. The question would be, then, how is the physician to meet the situation which is being forced, in justice to himself and in justice to society in general? It has been said that the art of medicine is gradually becoming secondary to the science of medicine, and perhaps this is the real point at issue. Perhaps the science of the application of medical services to society is the main driving force behind the upheaval.

What history and precedence have we to go upon? We are in the midst of a war and the question is serious. Military preparedness must be based upon the health of the people. When we look for precedences in procedure, European experiences are usually cited. They have much value, but the proposed American standard bill

on health insurance goes considerably beyond any of the schemes abroad, and is said to obviate a number of the objectionable features which characterizes them. Are we certain that their systems abroad are satisfactory to them? Apparently the German system is, for it is being maintained in spite of the stress of the war. In fact, being an economical matter, it is somewhat in its zenith. In England, the commission, headed by Mr. John Hodge, which has just reported its findings on the workings of the National Health Insurance act for the past five years, begins with the statement that medical, sickness, and maternity benefits have undeniably been a great aid to the community. "The Commission looks forward to their useful development in many ways. The medical services represent a considerable advance on the conditions which obtained prior to the Act."

It is to be observed that health insurance is not peculiar to any one particular form of government. In fact, different races, national conditions, and different forms of government, including republics, have adopted it and continued it. None have dropped it in spite of the exigencies of the war, that is, where any national organization still remains.

Health insurance is nothing new in this country. It began in Wisconsin 25 years ago, and later sprung up in Michigan in connection with railway employes and mines. It has since spread to all forms of industry and to social and fraternal organizations. Even the compulsory principle is nothing new, as in 1911 the state of Washington passed its compulsory workmen's compensation act, which has been little changed since, and is said to operate on an average expense ratio of 8 per cent. In Ohio we have, we believe, one of the best compulsory state insurance businesses that exists and has just handled \$5,000,000 worth of premiums at an expense of 5 per cent. Numerous private companies have reported results of their own establishment insurance. The firm of Edmond M. Huyck of Albany, New York, has insured 400 employes now for five years, each side paying half the costs, and reports that in that time it has paid in premiums \$23,975.66, the amount being equal to 2.7 per cent. of the payroll. Their plan covers sickness, disability and death benefits. They report it to be in every way successful and worth much more to all concerned than its actual monetary cost. The Goodrich Rubber Company, in Ohio, one year ago placed its 18,000 employes under health insurance, the firm itself paying the total bill and allowing cash benefits of two-

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thirds the wage for sickness, and state, after one year, "the service is given from the standpoint of good business." The University of California has a compulsory health insurance covering its student body. It costs each student \$6.00 per year, for which he or she gets "everything" required in case of sickness or disability. In fact, health insurance organization follows the rule that co-operation and ethical organization is usually sure to succeed. We see it in our own profession. Witness several of the famous medical and surgical clinics in this country today.

Why should health insurance be compulsory? Perhaps this phase of it is something in which the physician is not unduly interested at first thought. However, he must be on second thought. Miles M. Dawson, in reply to this question, says:

"Why should health insurance be compulsory?

(1) It is a public matter and concerns us all. (2) By no other means can more than a small number of people be reached. (3) Because those who need protection most and also from whom the public should be most protected, will not carry voluntary insurance. (4) No other system offers a comparable plan for ease of administration, amount of benefits and amount of medical service. (5) Because it is enormously more economical as well as efficient in operation. (6) Because if not compulsory, the workman's insurance binds him to his job and gives the employer an advantage. Insurance should follow the employe and not the employe the insurance. (7) On no other basis can the state's contribution be justified. The state desires well-being, care when disabled, means for prompt and effective care, prevention of disease, and prevention of pauperism.—In conclusion, compulsory health insurance is the only form which has succeeded elsewhere."

Compulsion makes the rates level for all ages, sexes, civil states, and physical conditions, otherwise reserve funds have to be created. When not compulsory, it operates at from 150 to 200 per cent. higher than it costs. Individual responsibility for sickness does not guarantee the proper supervision for sickness. Group responsibility comes much nearer doing so.

Many things have predisposed to the agitation for compulsory state-wide health insurance: (1) If it is wise and just to insure the toiler against accidents, why is it not to insure him against sickness? (2) Industrial sickness in the United States costs over \$500,000,000 annually, according to the computations by Fisher and others. (3) The average rate of constant sickness is 3 per cent. of all people. The rate of ability to care for the same, on the part of the particular few who are stricken, has not been figured, but the discrepancy is great. (4) Sickness is about 50 per cent. more prevalent than we judge it to be. As the experience in Germany has shown, the reporting of sickness has increased to this extent since it was put upon an insurance basis. The Metro-

politan Life Insurance Company's investigation in Rochester, New York, discovered that 40 per cent. of the sick were unknown to the physicians of that city, so far as medical attention was concerned. In Ohio and Pennsylvania the apparent rate of industrial accidents has increased several hundred per cent. in spite of the "safety-first" propaganda since these two states went on the compensation basis. Malingerings? No. Simply an actual condition, the true extent of which was not known before, but became known when the question of paying for the same became possible.

(5) On the average, each worker loses 8.3 days per year on account of sickness. Between 40 and 50 per cent. have some form of sickness each year. (6) The very fear of inability to make a livelihood encourages disease and unnecessarily shortens life. On the other hand, the lives of soldiers who are drawing pensions is said to be much longer than their confreres in life. (7) Dr. Billings says: "Our present method of managing the sick poor is about as bad as it can be. While we endeavor in every way to alleviate their sufferings and to put them back to work, our methods are loose. There is no unit of efficiency." In a word, there is needed more business method in supplying medical services. (8) The existence of occupational diseases is a commentary upon industry, but it directly calls for compensation. (9) Private insurance companies in this field use more than 60 per cent. out of each dollar received and pay back in benefits only about 30 cents upon the average. Governmentally administered health insurance costs between 5 and 10 per cent. Some establishment funds have cost even less although they do not supply quite as much, e. g., insurance usually ceases upon quitting the employment. The best that *fraternal orders* can say for themselves is that 60 per cent. of the money accumulated goes back in actual aid. (10) Germany, with an infinitely lower wage level than the United States, has less destitution and want, said to be due to its social insurance system. (11) Sickness, not low wages, is the most important factor in causing poverty. Poverty is due to many factors, but the chief one is in the absence of the wage-getter or his impairment. Wages were never higher in America than they are today, yet poverty is more extreme than ever. Any who doubt this should consult the findings of the Massachusetts Special Commission to Investigate Health Insurance, which uncovered the fact that some 15 to 20 million dollars per year was a conservative estimate on the funds spent in that state toward the alleviation of poverty, a large part of which could be done away with if the state were to carry health insurance and expend some \$5,000,000 directly in so doing. (12) The physician's income is not what it should be. On the present standards of training required, the graduated physician should be assured of an income of at least \$3,000 per year. That such is not the case, is largely due to the

inability of the people to pay, not because they do not get a proper wage, but because such expense should not come out of individual wages, but out of industry, out of personal responsibility in general, and out of the welfare of the state—all three of which reap the benefits. When sickness strikes so hard that it lasts more than 4 to 7 days, it usually strikes harder still and no individual's wages are able to cope with it, while savings, homes and families are soon dissipated, discouraged and demoralized—set back years in hopes, in spirits, in ideals, in progress. (13) Existing conditions have brought about a rapid increase in the use of free clinics, free hospitals, state asylums, lodge practices, mutual hospital associations and other palliatives and combinations, personed or patronized largely by wage workers and their dependents. These are not normal conditions and neither the people nor the profession are satisfied with the condition. (14) A serious matter today is that the sick man stays at work much longer than he should and that he must shorten a convalescence to compete with others for jobs, before he is well. (15) Some incentive must be driven home to the individual to be his own health officer, and, as Fisher says, not leave the matter to the public health official, like those religionists who leave all their religion to the priest. *A cash contribution at regular intervals will do much to incite each individual to look after himself.* (16) While health insurance has partly in view the comfort of the citizen, it has also in mind an annual saving to the state, the decrease of invalidity and the extension of the average duration of life, especially the work life. Otherwise, national efficiency compared to nations which have these agencies, suffers greatly. It is said that the average worker's life in Germany has been extended from 36 years to 48 years during the generation in which the social insurance has existed. At the beginning of the great war, Great Britain's computations showed that seven German workmen were equal to eight Britishers in the matter of work life. (17) That health insurance would drive any legitimate business out of business, is answerable by the experience elsewhere. In Germany, in Great Britain, in France, etc., industrial progress has become phenomenal. Compensation insurance has not wrecked business in Ohio.

There are many *serious points for contention* in this contemplated step. It alters the relation of the medical profession to the public. If this is an alteration upon a scientific basis, it must succeed. It is said to make medicine a more or less public utility enterprise. Hats off to the profession, then, that they have at last succeeded in driving home to the public the indispensable value of their product. There is no reason to believe that physicians will still not always be chiefs in the control of its dispensation, for without us, who? Because it is a feature in economics, is it un-American? Some fear it would boycott the physically imperfect man, but since all people are

covered and such a man has ultimate right of working for himself, and thereby including himself in some local fund representing the general community, his greater liability must be contributed to by the same employer who would refuse to employ him in his own plant. In fact, such employer had best have him under his own supervision.

That health insurance increases the total number of days' sickness is laudable, for such always decreases the severity of sickness and increases the length of life. Insurance experience proves this. Compelling individuals to do something is said to be diametrically opposed to the Declaration of Independence which reads that all men are created equal; are endowed by the same Creator with certain inalienable rights, etc., but if all who read thus will read to the end of that sentence, they will find it concludes thus: *"That to secure these rights governments are instituted among men."* Nowhere in this declaration is there a suggestion of the singular person, nor of the peculiar rights of any individual. In fact any dictum which permits unusual latitude of personal rights is the basis of monarchy, autocracy, and in business of monopoly, heartless manipulation and the like. Such weakens the people and endangers the nation. Again, should be repeated the concluding statement *"that to secure these rights (of equality), governments are instituted among men."* Some say that the moral fiber and self-respect of the working man is seriously disparaged by any such plan, but actual experience, as in similar plans between employers and employes, does not so demonstrate. Has free education weakened the moral fiber and responsibility of the American parent? Not at all. His tax, paid either in rent or directly, is his contribution and *benefits from that to which you pay contribution, or tax, demoralizes no contributor.* We must distinguish between paternalism and fraternalism. This proposed health insurance scheme is to be self-governed by local mutual societies. This is distinctly fraternalism and not paternalism. Such a movement is said to be socialistic. Socialistic that a society should want to govern its own business! If so, why should it have its origin in, and even today, its chief support by autocratic governments? In truth, as stated before, it exists irrespective of any form of government. As illustrated by common example, 600 people fraternize to bear the expenses of disasters which they know are to happen to 20 of them every year, which fraternizing prevents the wrecking of some of those families and of careers. No paternalism about this.

The most serious weakness, to my mind, in the proposed plan is, not that it will not do the people good, business good, the physician good, the hospital good, and every element concerned in its procedures good, but that the plan does not go one step further and provide for the right for medical advice in health as well as in sickness (Frankel), for the bolstering up of every agency,

from the local home society to the state health department, which has to do with the creation and maintenance of health standards.

Dr. Rubinow suggests the following ways in which health insurance may be expected to benefit the public health:

1. It will relieve misery and destitution and give a better chance for recovery.

2. It will give an opportunity for the patient to stay away from work when, in the opinion of the physician, rest is necessary.

3. It will lead to the proper organization of medical aid.

4. It may include not only the workman but his family as well.

5. Its provision for maternity benefits will prevent a large number of deaths on account of insufficient obstetric aid.

6. It will encourage the collection of statistics so that the amount of sickness to be combated may be definitely known.

The chief attraction of dispensaries should probably be the presence of state equipment and of an assemblage of specialists for the purposes of teaching medical students primarily, and of providing in return to patients who are not able to pay for the same, the more elaborate diagnostic and treating methods.

Health insurance should do more than lengthen the average human life. Its chief functions should be the means of preserving the family and maintaining the home. If it will add anything toward the duration of life, it may be put in about the same category as prohibition, which, John J. Lentz says, will add four more years' life expectancy to a man who is 35 years of age. In other words, instead of dying at 63, he will live, if a total abstainer, to a little over 67. Hence, Mr. Lentz says, the question for sane men is to consider whether they want to spend those four years with their families and friends or in the graveyard. Our present industrial life tends to produce a survival of the fittest, which is always an exceedingly expensive process and at the present time of demand for workers, is the last method to be thought of.

Some have feared that the attempt to carry out the provisions of health insurance would become an enormous burden. The same prediction was made concerning compensation insurance, but although the doctors are not at all satisfied with this, there is no denying that all in all, they are receiving better total fees than in the previous days when they had to depend upon the stricken worker or some casualty company with its self-made schedule of fees to pay the bill. Huyck, in the Albany Company before mentioned, says that there was some fear that an increasing number of widows would become a burden. "We have had three or four widows. They are all gone but one. This one, a poor little English girl, who married when she was 17, was left at her husband's death (he had worked for us less than a year and died from rheumatism that affected his heart) with

one child, destitute and alone in this country. Through her husband's membership in the health insurance she was enabled to return to her parents in London, and since that time has received regular payments each month through our London agents. Now, she, too, has written us that she is to be married and wishes to know how much she will receive in a single payment—our plan providing for three years' annual payments in one sum to a widow on remarriage."

Health insurance is not a panacea for the people's ills. No country in the world has yet succeeded in abolishing poverty, destitution and the need for charitable relief, but much has been accomplished toward that goal in several countries by means of the social insurance system.

If 50 per cent. more sickness is going to appear and be treated, the question may be asked, whence is this new business to come? In brief, from those who in the past have neglected to seek treatment or delayed the same, chiefly because of its expense; from those who have self-treated; from those who now patronize the lodge doctor and contract practitioner; from those who patronize the practicing pharmacist; from those who buy patent medicine and spend their money for various forms of quasi treatment and quackery, and, to no small extent, from those who patronize free dispensaries and free hospitals. Under the health insurance plan, I feel that physicians will treat less and less of the dangerously sick, especially in the median age-groups. People will call the physician earlier and there will be infinitely greater possibilities for successful treatment. Physicians' mortality rates will become lower, and there will be less of the brain-racking, unsatisfactory results of treatment because there is practically nothing left to treat in the given case.

Fisher suggests that to bring a medical service up to a maximum efficiency, in other words, to insure sufficient incentive to the medical man, it might be advisable to try out a system of records, at least for a time. This, combined with a system of promotion into the field of specialists and consultants, would appear to me deserving of trial. However, it must not be forgotten that any measure which goes through the legislature will be subject to amendments and supplements for years to come.

We must carefully distinguish, in the opposition to health insurance, between the whole-hearted and the selfish. Many private interests are, of course, against it. Blacksmiths are against rubber shoes for horses, says the Brooklyn Eagle. In the early history of Pennsylvania the canal companies got out injunctions against the building of railroads, but you know the answer. Some forms of insurance companies are chief opponents. Physicians and all others should remember that plain exploitation of the medical profession has been carried on for years by insurance companies, particularly under accident compensation. It is pointed out that the private insurance company now engaged in this field of business is not going

to suffer any substantial damage to its business, because probably 90 to 95 per cent. of insurance created under the act will be entirely new business. This will, in fact, probably increase the private insurance business.

Today a number of *substitutes* for compulsory state health insurance have been proposed: (1) That better industrial and public sanitation and more perfect accident prevention would practically offset its need. But not over 50 per cent. of illness and accident can be placed in the preventable column. (2) That better wages would suffice. But the American workman is now, and practically always has been, the best paid worker in the world, yet each state spends millions annually upon caring for the waste due to sickness, indeed the total for the country is placed at a half billion dollars. (3) That education of the people in the advisability of carrying private insurance would suffice. However, only part of the people who would like to carry the same could be accepted at the regular premium rates, and, as stated, the well are apt to consider themselves immune from sickness and have little disposition to provide against it, and finally, its excessive cost and the necessity for piling up a reserve fund renders it a poor business proposition. (4) That the extension of public and private charities would be able to supplant health insurance. This is decidedly paternalistic and un-American, and is much like enlarging the house in order to make room for the gradually accumulating pile of ashes from the fireplace. (5) Greater emphasis on education of the public in personal hygiene. Certainly we cannot have too much of this, but at the most, all cannot be doctors and sickness visits even doctors. In truth, to be effective the strict observance of personal hygiene means great restrictions to personal liberties. In total, none of the substitute plans suggested put the matter upon the dollar basis, and upon no other basis can any consummate action on the part of any considerable percentage of the people be brought about. William Archer says: "I favor the proposed draft before other drafts because there are no other drafts. One would think the solicitude of those who oppose the proposed measure and yet favor another, would produce such measure."

I think President Geo. E. Vincent, in his recent paper on "Public Health Training," shows the situation very closely in his statement that the new sense of nationality which is being forced on us will accustom us more and more to taking the general rather than the individual point of view. We are face to face with the social philosophy which underlies modern collective undertakings and which has proved so successful in business, private, public, and national. It is to be pointed out that already some state medical societies have reached an agreement concerning just fees for industrial work, and the opinion among medical men appears to be generally favorable to this sort of an understanding.

The arrangements for the working of the medical service, as pointed out by Dr. Lambert, provide for all sorts of arbitrations and checks as well as many forms of incentives.

After a little computation I have figured out that the 450 physicians in the city of Columbus, Ohio, should be treating daily on the average of 14 sick patients—there being three per cent. of the population constantly sick, or a matter of some 6,000 persons. Obviously, however, there is much more sickness in Columbus than physicians treat, let alone that which they treat and for which they are not compensated.

Nobody would cheapen the services of the physician in meeting this amount of professional duty. Some treatments are expensive and should be correspondingly paid for. Indeed, in Germany, the recent tendency has been toward a generous application of medical benefits, and in one analysis \$8,000 paid for the work of specialists was estimated to have saved over \$160,000 in wages and sick benefits. Hence, the best is to be provided as it is always the cheapest in the end.

Practically all physicians are agreed that the capitation plan which has resulted in bitter animosity between the medical profession and the insuring societies in Germany, and in inadequate care in England, is not to be looked upon as a favorable plan in America. Remuneration, I feel, must be based on the visitation plan. Undoubtedly an arrangement for a straight pay-per-visit or pay-per-office-call can be made for all single time services, for acute cases requiring several visits within a short space of time (not over four days), and for similar limited periods of medical service. Remuneration for protracted cases of illness, I am of the opinion, can be made upon a fee schedule basis for each of the various forms of protracted diseases and ailments, with separate provisions for complications, peculiar conditions, such as age, sex, distance away, etc., and as an incentive such fee should be the same whether the case improved within the minimum or maximum time estimated. In the event that the case is unusually prolonged, for instance a typhoid fever case running over six weeks, remuneration therefor might go upon a pay-per-visit basis or at a lower fee than for similar treatments in acute cases. Much like the art of railroading has become subject to federal regulation, it is hardly more than a scientific prophecy (Rubinow) to state that the art of medicine is being gradually federalized and being made subject to the scientific methods of administration, and that the profession has but to adapt itself by means of close scrutiny to the change, and may expect ample reward from the fact that it is spreading its services over the total field of sickness rather than over half of it, and is being properly compensated therefor, and is enjoying the satisfaction of much better results.

Seminal Vesiculitis*

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IN presenting the subject of seminal vesiculitis, it must be accepted that those who are specializing in diseases of the urogenital tract are showing more interest and consequently paying more attention to this part of the tract than to any other. This is due to the fact that so little of these organs have been understood insofar as the pathology and treatment is concerned. In the past we have been dilating the urethra, giving instillations of silver, irrigations, massaging the prostate, using internal medication, etc., until our patients have given up in despair of ever becoming well again and are walking carriers of infection, infecting many persons oftentimes innocently, with whom they cohabit.

About 90% of anterior gonorrhoea sooner or later infects the posterior urethra and practically the same percentage has prostatic infection. By virtue of the greater lumen of the ejaculatory duct and their peculiar location as compared to the prostatic ducts the infection in the posterior urethra can and does reach the seminal vesicles more readily than the prostate. This is a mixed infection. Early the gonococcus is a very prominent factor. Especially during the acute stages can the gonococcus be easily demonstrated.

Various strains of the pneumococci, staphylococci streptococci, colon, tubercle and typhoid bacilli are present in different cases. Probably the change of environment accounts for the fact that the gonococcus is often absent. It has ceased to play its role.

In Young's 358 cases, 73% had a positive gonorrhoeal history and no gonococci were found.

In vesiculitis, probably more so than in any other urogenital disease, has the physician been groping in the dark, treating practically all cases coming to his office with a urethral discharge as chronic posterior urethritis, until the patient has come to the firm belief that there exists no hope for him. He drifts from physician to physician, dispensary to dispensary, until a condition eventually exists that is surgical. The time has long passed for milder measures of a curative nature that could have been prescribed to his benefit and future happiness and he is a urogenital wreck.

It is largely this class of patients I find daily in our clinics. Just what to do to relieve them is a great problem as many refuse surgical procedure.

I shall dwell mainly on gonorrhoeal infection of the vesicles since the infective agent actually comes from the posterior urethra due to continuity of structures and because the posterior

urethra is infected most usually by the Neisserian diplococcus.

It would be well to briefly go into the anatomy, pathology and physiology of the vesicles to more clearly outline the treatment. The seminal vesicles are diverticular reservoirs situated between the bladder and the rectum, external to the ampulla of the vas deferentia. They are of a triangular shape, the apex joining the vas at the base of the prostate, about $2\frac{1}{4}$ " in length and $\frac{1}{2}$ " in diameter at the base, lobulated on the surface and on dissection are found to consist of a central tube of from 3 to 5" in length with several short lateral branches. The mucous membrane is plicated, sacculated, yellowish brown in color and lined with cylindrical epithelium. The entire vesicle is invested by a sheath of fibrous tissue, continuous below with the capsule of the prostate. When divested of its adherent connective tissue its appearance is that of a tortuous, blind duct with numerous diverticula. It varies in length, capacity and also in outline, is irregular and often differs in outline and size in the same individual. The diverticula vary from four to eight, branching from the main duct at various angles and in different directions, and containing multiple angulations. On cross section it presents an irregular, constricted, sacculated lumen marked by fine ridges and pits.

The ampulla is that portion of the vas deferens that is enlarged and occupies a posterior position to the vesicles. Together with the vesicle it forms the ejaculatory duct and is a sacculated, tortuous canal possessing the same diverticula as the vesicle.

The ejaculatory duct formed by the union of the vas deferens and the seminal vesicle is a funnel shaped tube about $\frac{3}{4}$ " in length and $\frac{1}{8}$ " in width above and tapering down to $1/30$ of an inch.

It possesses the same diverticula, from four to five, and enters into prominence from the fact of the diverticula, its sphincter spermaticus and its course through the prostatic fissure and urethra. It is fairly straight through the prostate and its walls are in intimate relationship to the median and posterior lobes coursing almost parallel to the urethra. Suddenly the duct bends upward penetrating the urethra, showing marked curvatures diverging about the utriculus in an angular deflection, coursing upward through the colliculus and opening on the declivity, presenting the worst natural draining of any organ in the human body.

It must be obvious from the above description of the anatomy of the vesicles, ampulla and ejaculatory duct that the spermatic tract com-

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prises a very extensive mucosa to harbor infection. The arrangement of the muscular fibres of the prostate about the ejaculatory duct is of great importance as with each contraction of the prostate there likely occurs a closing of the sphincter spermaticus showing a close anatomical relationship not only physiologically but pathologically.

The nerve supply to the vesicles, prostate and vas comes from the hypogastric plexus of the sympathetic or as a secondary plexus following the hemorrhoidal and vesicle arteries, owing to the correlation of the pelvic, prostatic and vesicle with the hypogastric lumbar and sacral nerve plexus. The remote and diverse neurological manifestations, masquerading with seminal vesiculitis as its cause, must call our attention to this extensive as well as intricate nerve supply, and the presence of pain referred to the back, hip joint, and thighs, the lumbar, sacral and anal regions becomes easy to explain.

Hurts' work throws much light upon the pathology of the vesicles. He found bacteria present in the vesicles of healthy normal animals. In animals dying of septic poisoning specific organisms were found in the vesicles. He has definitely shown that this infection could be transmitted from the male to the female. The inflammatory changes are first seen in the mucous membrane but as the organisms invade the walls more deeply the muscular coat is involved with the usual changes as found elsewhere and the outer fibrous coat becomes infected. A perivesiculitis is brought about and this perivesiculitis carries many possibilities to the patient.

The incidents of infection of the vesicles and their acting as a focal point of infection should be apparent to all.

Upon examination for vesiculitis, if the vesicle is not palpable, I do not believe it means non-involvement. On the contrary I believe that in fleshy subjects the vesicle is frequently not palpable even when there must be considerable involvement. I find quite frequently a class of symptoms in which a urethral discharge, usually irregular, occurs. Sometimes arthritis with some slight prostatic involvement, with nervous manifestations and pain referred to the sacral, lumbar or perineal regions, in which massage of the prostate does not relieve the symptoms. And ruling out the posterior urethra and other urethral organs as free from infection, I am led to believe we have many cases of seminal vesiculitis, concerning which we have been willing to say in the past, the vesicle not being palpable is not infected. The involvement may not be due to increase of volume but to inflammatory alterations which are contemporaneous, providing an irritable condition in the nervous system. A diagnosis must be made from a complement fixation test in conjunction with a radiogram of a colargol injected vesicle. I find the introduction of

an examining electric light on a curved instrument into the rectum with the aid of a cystourethroscope in the posterior urethra will, in some cases, act most wonderfully as an aid in clearing up the diagnosis of these cases. When the ejaculatory duct is draining, with a mild infection existing, I see no reason for there being of necessity a large palpable vesicle.

In Dr. T. P. Shupe's experience with the complement fixation test, out of 1,000 examinations he found positive reactions in 80% of seminal, prostatic and posterior urethral classes, and 100% positive in the acute epididymitis and arthritis classes. Five weeks from the onset he found this result in the epididymitis cases. He also found 30% positive reactions in those supposed to be cured which only proves that our patients should not be dismissed until a thorough examination and a complement fixation test is applied.

The systematology is exceedingly voluminous and the wide degree of variability due to the fact that vesiculitis in a true sense has no distinct entity but is associated with prostatitis and posterior urethritis.

Cystoscopy often reveals a seminal vesiculitis, showing a cystitis in which the mucosa of the bladder overlapping the vesicles and trigone is hyperaemic and oedematous, readily accounting for the symptoms of irritable bladder neck burning, frequency of urination, bladder tenesmus and retention of urine.

It would be well to classify the symptoms under four headings—urinary, sexual, constitutional and retention of urine.

Urinary. The symptoms depend largely upon the stage of the disease and which part of the urinary tract is impinged upon. If pressing on the trigone it produces a urinary frequency and from infection passing through the bladder wall a cystitis and a purulent urine. A pyuria and bacteriuria clearing up in a few days only to return when another discharge from the vesicle enters the posterior urethra, is another type not producing a cystitis as when the infection passed into the bladder through contiguity of tissue. Hydronephrosis, pyonephrosis and pyelitis are seen in these cases but not very frequently.

Sexual. We find painful ejaculations, premature ejaculations, excessive desire, frequent, painful, long-lasting erections sloping down to a gradual inability to obtain erections. Recurrent epididymitis is very common. Spermatorrhea manifested particularly at stool, urethral discharge very persistent at times and discharge at irregular periods, easily relieved but returning soon after disappearing.

Constitutional. Endocarditis, myocarditis, myositis and gonorrhoeal arthritis. Gonorrhoeal arthritis is the most common of this class of symptoms.

Nervous. The symptoms are melancholia, extreme mental depression and headache. I believe many suicides can be traced to this disease.

None of these symptoms are peculiar to this disease, none of them must be present, not many are to be found in a given case, yet some of them are very frequently prominent factors as symptoms of this disease. And so one cannot place as much reliability on symptomatology as upon physical findings. It devolves upon the urologist not to place too strong dependence upon his inability to palpate the vesicle, not to accept the usual diagnosis of a chronic posterior infection as a chronic gonorrhoeal colliculitis etc., but to study his case thoroughly and arrive at conclusions after a most searching investigation, as the large majority of these urethral infections will only be cleared up when the vesicles and prostate are drained of their contents.

Unfortunately there exists a wide difference of opinion as to what method of procedure should be applied. Seemingly each individual surgeon has his own particular treatment and we are led to believe the future of the patient depends upon this particular treatment.

Variable as these opinions are, there is at least one fact accepted by all, that these structures are quite frequently overlooked by the general practitioner and that they are very commonly foci for local and systemic affections of great significance. It devolves upon us to educate not only the general practitioner, but the surgeon, the internist, the neurologist, the orthopedist, etc., that often they are engaged in the treatment of patients masquerading under a retinue of vague and remote symptoms, the cause of which is little suspected.

We will divide the treatment into three forms: prophylactic, palliative and surgical.

In taking up the first form, the prophylactic, your attention is called to the wide difference in opinion as to the correct time to begin treating acute gonorrhoea. The general view of a great number of men is to allow an acute case to go without local treatment until the acute symptoms have subsided. Some of our text books recommend this method. In practically all cases so treated the posterior urethra becomes involved and then our only hope that the vesicle does not become involved in the process is Divine aid. Again in the so-called Valentine irrigation method, still in use by many, there is more damage done than any possible good. It produces the very condition we most desire to avoid, posterior and seminal infection. The very method indicates its dangerous use to the patient and just as soon as the profession realizes that posterior urethritis is a complication and to be avoided, then and only then, will the proper attention be given acute anterior urethritis.

I believe that active treatment should be instituted immediately in these acute conditions. This treatment should be administered by the physician himself, and the patient never allowed to treat himself except under extraordinary con-

ditions. If careful attention is given to the patient, you will be surprised at the number of cases in which the disease will be confined to the anterior urethra.

When the vesicle is involved in an acute infection, the treatment should be that of rest, not necessarily in bed unless running a temperature. In such cases rest in bed is imperative, keeping the bowels open and using opium and belladonna suppositories for pain. Massage is not to be attempted at this time. I do not believe the treatment of the urethra should be discontinued as is advocated by many. On the contrary I believe the number of cases of epididymitis, prostatitis, etc., will be greatly minimized and the duration of the spermatoecystitis be shortened.

In the treatment of the chronic stage which I shall classify as palliative, this being the mode of treatment for years, much can be said for much has been attempted. Massaging has been done and much damage has been the result to a case that could have been relieved by proper massage of the vesicle. I have seen some of the most disastrous results from massage in the hands of those incapable of properly massaging a vesicle, for instance, too long a time in giving treatment, too great pressure on the prostate and vesicle, rough handling and massaging an acute condition. Not long ago I saw one of the worst cases of proctitis from a massage of the vesicle which for three weeks gave the patient more discomfort than he ever had from his vesiculitis. Recently I saw a so-called specialist massage an acute infection out of his office in such a condition, as to require several weeks delay before he was able to continue treatment.

I believe massage of the vesicle to be the best treatment in selected cases in which there are no pus pockets, no perivesiculitis and no strictures of the ejaculatory duct. I do not believe you can lay down a strict rule to go by as to a correct mode of treatment in these cases. In many instances I am sure you will fail to relieve by massage and other procedures must be tried. Yet I do not agree with some who would relegate to the shelf massage as of no consequence. From experience in selected cases let me say in the majority of seminal cases, massage will relieve and cure.

In those cases where, after a fair trial, you do not achieve results from massage, I am sure vasostomy will not only relieve but you will find such prompt results as to tempt you to follow this mode as a natural procedure in such cases. I would differ from those who have spoken of this operation as a very simple one. On the contrary I am sure one must expect more or less trouble unless having had experience in vasostomy, as a leaking back into the scrotum is sure to produce an epididymitis. From my own experience I believe that vasostomy should be done only in selected cases, especially in those not re-

lieved by massage and where absorption is occurring. Especially is it worth a trial before vesiculotomy is attempted, thus avoiding a more serious operation.

Deciding when this disease has reached a stage, where vesiculotomy is indicated, is of great importance to the patient; no undue haste should be exercised until all palliative measures have been exhausted. According to Squire, pus, pain and rheumatism are the cardinal symptoms indicating vesiculotomy. One might add abnormal sexual symptoms. Many cases with pus and rheumatism improve materially under massage. And so I would add not all these cases are subjects for vesiculotomy. The prostate should be thoroughly investigated before resorting to radical operation. Does vesiculotomy cure? I have seen many cases from Dr. Fuller's clinic return to the exact condition as before, after a brief period of relief. Squire's operation being an open one probably he secures more lasting results. The importance of draining all pus pockets must

be plain to all and if not done, only temporary relief is given the patient.

Vesiculectomy is rarely indicated except in tubercular vesticulitis and in long standing cases where sclerotic changes have taken place.

BIBLIOGRAPHY

- Southern Medical Journal, 1916.
John Cunningham, Surgeon Gynecology & Obstetrics, April, 1917.
J. D. Barney.
Oswald Lowsly.
Squire.
Geraghty.
Gray's Anatomy.
Morris Anatomy.
T. P. Shupe.
Journal of Surgery, May, 1916.
Oklahoma State Medical Journal, May, 1916.
Tennessee State Medical Journal, April, 1916.
John R. Caulk.
Harry G. Greditzer.
Interstate Medical Journal, August, 1916.
A. M. A. Journal, March, 1917.

Chorio-Epithelioma with Report of Case*

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THE term deciduoma malignum was applied by Sanger to a very malignant variety of uterine tumor which develops after a full term labor, abortion or expulsion of a hydatidiform mole, and in rare instances before the last is expelled from the uterus.

The nature of the growth has given rise to a great deal of discussion and various appellations have been suggested for it, the most important being *sarcoma-deciduo cellulare*, *chorio epitheliale*.

Sanger read his first paper upon the subject before the German Gynaecological Society in 1892 and based his report upon the following case: A woman, 23 years of age, aborted in the eighth week and died seven months later. At autopsy four large, soft, reddish, spongy tumors were found in the uterine wall, with metastases exhibiting similar characteristics in the *lungs*, *diaphragm*, *tenth rib* and in the *brain*. Microscopic examination showed that the tumor was made up in great part of blood spaces, bounded by large cells which Sanger identified as decidual cells. The metastases presented similar appearance, and had resulted from the transportation of tumor masses through the venous channels. As Sanger believed that the tumor was derived from decidual cells and was therefore of connective tissue origin, he designated it *decidual sarcoma* or *sarcoma uteri deciduo cellulare*. The appearance

of his monograph in 1893, in which was collected all that was then known upon the subject, created profound interest, and was soon followed by the publication of several similar cases.

In 1895 Williams, of Baltimore, reported a case and collected 24 others from literature. His patient was a colored woman who had a spontaneous full term labor. A week later she noticed a small painful nodule upon the right labium majus, which rapidly increased in size, in two weeks attaining the size of a hen's egg and resembled a haematoma in appearance. Shortly afterward it underwent necrotic changes, which were accompanied by a profuse, foul smelling discharge. The patient grew gradually worse, eventually developed a cough with blood expectoration, and died six months after delivery. The nature of the vulval tumor was not suspected during life, but at autopsy the lungs were found studded with large numbers of metastases varying in size, which resembled placental tissue in appearance.

Similar, but smaller, growths were present in the kidneys, spleen and ovaries, while a small nodule about one centimetre in diameter was found in the uterus.

Microscopic examinations showed that the uterine growth, and the metastases, were made up in great part of blood spaces, whose walls were formed by large clear cells with definite vesicular nuclei. At the margins of the primary growth, invading the adjacent musculature, were large masses of vacuolated protoplasm which were not

* Read before the Lucas County Academy of Medicine, October 5, 1917.

divided into individual cells. The nuclei were irregular in shape and stained intensely. Close examination showed that these protoplasmic masses were similar to, and identical in structure with the syncytial layer of the chorionic epithelium; the nature of the individual cells was not so clear, although Williams was inclined to consider them due to transverse and oblique sections through the syncytial masses.

The same year Marchand wrote a most important monograph upon the subject. He identified the protoplasmic masses with the syncytium, and the individual cells with those of the layer of Langhans. At that time it was generally believed that the former was of maternal, and the latter of foetal origin, so that according to his view the tumor would be composed partly of maternal and partly of foetal tissue. Later investigations indicated that the syncytium was also of foetal origin, and this was demonstrated beyond doubt by the findings in Peters' ovum.

Hence it follows that the tumors in question are entirely foetal in origin, and arise from the malignant proliferation of the two layers of chorionic epithelium. This being the case, they cannot be correctly described as *deciduomata* or *decidual sarcomata* but the term *chorio epithelioma* should be applied.

Marchand's conclusions have received abundant confirmation at the hands of all who have studied the subject, with the exception of Veit and several English authorities. Veit holds that the tumor is simply a sarcoma whose cells have undergone changes in appearance under the influence of pregnancy. Eden, Kantack and other English observers stated before the London Obstetrical Society in 1896 that it did not differ materially from other sarcomata, and they therefore saw no reason to place it in a class by itself.

The monographs of Sanger and Marchand were merely the beginning of an extensive literature upon the subject, which rapidly increased in volume every year. Thus Dorland in 1897 was able to collect 52 cases, while Marchand in 1898 described two new cases and mentioned 59 others.

In 1902 Ladinski was able to collect 132 cases.

The chorio epithelioma consists, as a rule, of a small primary growth which gives rise to abundant metastases, particularly in the *lungs*, *vagina* and *brain*. Statistics show the following metastases based upon the reports of about 200 cases which I have been able to find:

Metastases of the lungs.....	78%
Metastases of the vagina.....	54%
Metastases of liver, broad ligaments and pelvis	10%
Metastases of kidney, spleen and ovary.....	13%
Metastases of brain	5%

The vaginal metastases are of particular significance, and in several instances growths have been observed in the vagina without discovery of

the primary focus in the uterus. Schmorl has even reported a case in which generalized metastases developed while the uterus remained *perfectly free*. Under such circumstances it must be assumed that the primary growth originated during pregnancy and was limited to the placenta, particles of which became broken off and were carried into the circulation, giving rise to metastases at the points at which they were arrested, while the primary tumor was cast off with the after-birth. Poten and Vassmor have recently reported a case in which the vaginal metastases appeared while an hydatidiform mole was still in the uterus.

Chorio epithelioma may occur at any age and always follows pregnancy whether the latter terminates in a full term labor, abortion or hydatidiform mole, the last condition being noted in nearly 50% of the cases. In several instances it originated from an extra-uterine pregnancy.

Ordinarily there is no suspicion of the existence of the growth during pregnancy or even during the first few weeks after delivery. In a small number of cases hemorrhage in the latter part of the puerperium may be the first indication of its existence, though this symptom is usually lacking, or may not appear until several years after labor.

The development of metastases in the lungs is usually associated with pulmonary symptoms, cough, bloody expectoration though these may be lacking in part or totally.

Unless diagnosed and removed by operative procedures, the tumor rapidly causes death, the majority of patients succumbing in the first year. Indeed it may be said that it is the most rapidly fatal malignant growth with which we are acquainted, after actual proliferation has once begun.

In a considerable number of cases the diagnosis is not made until uterine hemorrhage, occurring at a varying period after puerperium, necessitates curettage, when the microscopic examination of the scrapings reveals characteristic changes. In other instances, as has already been said, the occurrence of vaginal metastases is the first indication of the existence of the growth.

The possibility of its development should always be borne in mind whenever a woman has expelled a hydatidiform mole, and the appearance of hemorrhage or of other more obscure symptoms should be an imperative indication for curettage and the microscopic examination of the scrapings, to prevent as far as possible the cases from progressing to such a point where the prognosis is as unfavorable as in the case I am about to report.

If the curettage reveals the existence of characteristic lesions, immediate hysterectomy is imperative; on the other hand, when vaginal metastases are present, the indications to my mind are the same, even though there be a chance that no

more of the original lesion exists in the uterus itself.

REPORT OF CASE WITH HISTORY

Mrs. D., age 60 years, married and living with husband. Has had no children. Had had no miscarriages. Menopause at age of 51 years. Menstruation had been fairly regular. Since two months had been suffering from pain in pelvis, with bearing down sensation. Had had rather a profuse bloody, slightly offensive vaginal discharge for several weeks. This was the first symptom noted by patient. Has been coughing some for last four weeks, with bloody expectoration on two occasions. Has had occasional attacks of vertigo in last two weeks and seemed queer and slightly delirious to her family upon several occasions. No history of malignancy nor T. B. in family. Patient looked rather poorly nourished and had the typical ashen appearance of a patient suffering from cancer. Not much loss in weight. The routine vaginal examination, as usually performed in the office, revealed a large irregular reddish mass involving the cervix giving the general appearance, and feeling like an ordinary so-called "cauliflower carcinoma" of the cervix, and this is the diagnosis that was made at once. The uterus was of normal size, was fairly movable and in normal position. Tubes and ovaries seemed normal. As the case seemed so clear, I made no further examinations, but advised immediate operation.

Upon examination on the operating table, one week later, I found the same condition as noted before, but this time saw that what I thought was the carcinomatous cervix, was a spongy reddish, rather soft mass, bleeding at slightest touch, protruding through the external os, and extending into the anterior and posterior fornices of the vagina. I made an abdominal panhysterectomy, and there seeming to be no other involvement, the prognosis seemed favorable in every way.

Upon recovering from the anesthetic, the patient seemed in good condition, temperature was normal, pulse rather low but the patient was in a constant state of quiet delirium and had an irritating cough, but no bloody expectoration. On the sixth day her pulse began to rise, but temperature remained normal until she died on the eighth day, never attaining a clear sensorium and coughing quite continuously in spite of the administering of sedatives.

To our intense disappointment, autopsy was forbidden by her family.

PATHOLOGICAL REPORT BY DR. W. E. MOSELEY

The specimen consists of a uterus and appendages. The uterus measured 8½ cm. in depth, was regular, firm and with an apparently normal serous coat. Protruding through the external os was a friable mass, irregular in contour, reddish purple in color, and which bled on the slightest touch. Size 6 cm.-4 cm. The mass

extended for 1½ cm beyond the cervical opening. Upon opening the uterus along its anterior wall, the cavity was completely filled with an irregular polypoid mass of tissue, partly solid in character and partly cystic. The largest mass was composed of rounded nodes, attached to a pedicle and originated from the right lateral wall above the internal os, although there were numerous other points of origin of similar masses. The general color was a grayish purple, except for the cystic areas which were yellowish gray. The whole mass was very vascular.

Microscopically the specimen presents numerous elongated finger like projections covered with epithelial cells and whose glandular elements dip deep down to the musculature and are extremely tortuous, the interposed stroma is of a rather loose fibrous tissue, vascular, takes the stain readily. Along the course of the surface covering, and within the glandular tubes are numerous large polyhedral cells and a large cell with multiple nuclei. Mitotic figures in the former are numerous.

The syncytial layer shows evidence of proliferation with a deeply staining cytoplasm. In the layer of Langerhans' the cytoplasm is clearer and the cells more cuboid in shape while the nuclei are vesicular.

DIAGNOSIS—CHORIO-EPITHELIOMA

The points of special interest in this case are the fact that the patient gave no history of pregnancy, and her advanced age, being nine years past the menopause. The fact must be that she either did expell an hydatiform mole, or had an early unrecognized miscarriage sometime late in her child-bearing period.

As said before, postmortem examination was denied by the family, but there was no doubt left in our minds, that metastases either to the lungs or brain, or both, were the cause of death, and the laboratory report absolutely verifies the diagnosis of chorio-epithelioma.

Arsphenamine Reports

Editor *The Journal*: In view of the reports in current medical literature of untoward results from the use of arsphenamine and neoarsphenamine, I have to request that you give publicity to the statement that it is requested that samples of any lots of these arsenicals which have shown undue toxicity be forwarded to the Hygienic Laboratory for examination.

In sending these samples it should be ascertained that the lot number is the same as that of the ampoules used on patients. The samples sent should, if possible, be accompanied by a brief note stating the approximate body weight and age of the patient, the dose and dilution of the drug given, the symptoms and result; that is, whether fatal or not. Respectfully,

G. W. McCoy, Director Hygienic Laboratory,
U. S. P. H. S.

Washington, April 5, 1918.

Report on Progress in Therapeutics for Year 1917*

Chas. W. McGavran, M.D., Columbus

THE department of therapeutics for the year just closing, is unable to report the discovery of any one therapeutic agent which has startled the world or revolutionized the treatment of any known disease.

It must not be overlooked, however, that during this year when all minds have been turned upon the all important topic, the war, the medical scientist has been quietly going about his work, and by his constant vigilance, performing wonders in preventive inoculation and sanitation. The extent of this work will not be fully known until the fighting has ceased and the men, now so actively engaged, will have time to report the results of their labor.

This is the age of preventive medicine. It is true that wondrous strides are being made in the line of careful etiologic diagnosis and the discovery of a specific therapeutic agent to meet the same. By far the greatest progress, however, is that accomplished by sanitation, isolation, preventive inoculation, inspection and public information in the prevention of disease and accidents.

We are all familiar with the preventive inoculation against Enteric fever. It is known, however, that the bacillus typhosus is not the only organism residing in the gastro-intestinal tract that produces disease and gives rise to epidemics. We have the para-typhoid bacillus—A, para-typhoid bacillus—B, and in some localities the cholera bacillus with which to cope.

Formerly for the prevention of these diseases, monovaccines were used, as it was thought in poly-vaccines sufficient protective bodies were not produced against any one of the organisms used in the inoculation.

The investigations of Mendelson¹ and others, however, have definitely established the fact that in immunizing against typhoid, para-typhoid-A and para-typhoid-B, a triple vaccine made from the above mentioned organisms produces protective substances against all these organisms. It is also claimed that in localities where cholera exists, a tetravaccine, which is the above vaccine with the addition of cholera bacillus, can be effectively used. In the use of the combined vaccines, the reactions are no more severe than those following the monovaccines, while the amount of protective bodies are quite as many.

To those of us called upon to render service in a virulent infection in a case of lobar pneumonia, there is a crying need for an agent which will have specific action against the pneumococcus. Toward this end both the chemo-therapeutist and the sero-therapeutist are laboring.

Coehn² still believes that quinine and urea hy-

drochloride given intramuscularly is effective in a great many cases.

Moore and Chesney³ report their results in the use of Optochin in lobar pneumonia. Optochin is a trade name for ethyl-hydrocupreine derived from cupreine, one of the cinchona alkaloids. Their results show that the drug passes through the capillaries into the alveolar spaces and that a decided bactericidal action can be detected upon the patient's serum in less than 24 hours after its administration. They claim that the drug fulfills at least some of the requirements for its use as a specific chemo-therapeutic agent in the treatment of lobar pneumonia.

They admit, however, that retinitis, in some instances permanent, has followed its use as a result of its toxicity. Few other observations of the use of this drug are reported and most comments are unfavorable because of its possible permanent eye injury.

The use of sodium citrate, as advocated by Samuel Stern⁴ might be mentioned. Stern gives two drams of sodium citrate with eight ounces of water every two hours. He claims that physiologically the combination of organic acids of foods, the citrates, malates, tartrates, etc., has with sodium or potassium bases the function of keeping in proper balance and solution the various albuminous substances of the blood and body tissues.

He says "We do not need to fear the virulence of bacteria if we can keep the albumins in solution, thereby diluting the toxins."

I have been unable to find any comment favorable or unfavorable upon the virtues of Stern's treatment.

The sero-therapist, heretofore unable to produce a serum in which the antibodies were sufficiently concentrated to be of any considerable value against the pneumococcus, is reporting progress.

Rufus Cole⁵ recognizes the fact that pneumonia is caused by one of four organisms.

Pneumococcus—Type I

Pneumococcus—Type II

Pneumococcus—Type III

Pneumococcus—Type IV.

In his experience about one-third of the cases of pneumonia are due to infection with Type I pneumococci; one-third to Type II pneumococci; 10 to 15 per cent. to Type III pneumococci, and the remainder due to an infection of the Type IV group. His observations show that Types I-II are of average severity—the mortality being from 25 to 30 per cent.; that one-half of those affected with Type III die, and that Type IV is milder—not more than 10 or 15 per cent. dying.

No serum has as yet been obtained which has

*Read before Columbus Academy of Medicine, December 17, 1917.

been of benefit to those infected with pneumococci of Types II-III-IV, in other words, in 66 per cent. on these cases. Prior to June, 1917, Cole had treated 105 cases of pneumonia due to Type I pneumococci, with but eight deaths. He believes that in a given case of pneumonia the type of organism should at once be determined, and that all of the Type I group should be given, intravenously, an initial dose of from 75 cc to 100 cc of Type I serum, and that this should be repeated every six or eight hours until improvement is noted, or until at least 250 cc has been given. The object is to produce in the patient's blood a concentration of the antibodies such as we have in a natural recovery from the disease. He calls our attention to the fact that some patients are over sensitive to horse serum and advises that immediately upon the diagnosis of a case of pneumonia, a small amount of horse serum be injected into the patient's skin (not subcutaneously) to determine this fact. This can be done while the laboratory is reporting as to the type of the infection.

Inasmuch as only 33 per cent. of the cases of pneumonia can possibly be benefited by the use of serum, he advises its use only after it has been definitely determined that the infection belongs to the Type I group.

Meltzer⁸ still believes that there is a place for oral rhythmic insufflation of oxygen in pneumonia.

Davis⁹ calls our attention to the non-specific effect of vaccines.

It is now claimed and pretty definitely shown that many substances, the so-called foreign proteins and their derivatives, when injected slowly into the veins, are often rapidly followed by a severe chill, high fever, leucocytosis and contain blood changes, especially the appearance of ferments.

After the severe reaction following the protein injection, which may have been disease germs, serum, proteoses or milk, quite an improvement is at times noted which in some instances amounts to a permanent cure.

Walker⁸ reports his interesting experience in a series of 150 cases of bronchial asthma.

In his effort to determine the etiologic factor and to act as a therapeutic guide, a skin test was made on each case with the following results. (Of 150 cases studied 83, or 55 per cent., were sensitive to some protein).

The horse was chiefly responsible in this group, for 20 per cent. of the cases; the wheat proteins, staphylococcus pyogenes aureus and the early pollens were responsible for 15 per cent. of the cases, the late pollens in 10 per cent., the cat in 5 per cent., staphylococcus pyogenes albus in 3 per cent., a group of miscellaneous proteins in 7 per cent., and in the remaining 10 per cent. of these cases, several proteins were the cause of the asthma. With this as a guide, by the omission of the proteins from the diet and by the use of

vaccines, stock and autogenous, he was able to get a favorable result in almost all his cases.

Sicard⁹ has had good results in bronchial asthma following the use of autogenous vaccines. These vaccines were made from the following organisms, whether simple or combined:

Streptococcus viridans,
Micrococcus catarrhalis,
Staphylococcus albus,
Micrococcus pyogenes,
Streptococcus hemolyticus.

Again the sero-therapist makes the announcement of a specific serum, claiming that a specific horse serum has been produced which is effective in the treatment of acute anterior poliomyelitis.

The work thus far is in the line of preliminary reports on the production and use of the serum by Neustaeder and Banzhaf,¹⁰ Rosenow,¹¹ Nuzum and Willy¹² and others. Nuzum and Willy,¹² reporting from the Laboratory of Pathology of the Cook County Hospital, summarize their findings as follows:

1. "Of 159 patients receiving serum in all stages of the disease, 19 died, a mortality of 11.9 per cent. Among 100 cases occurring during the same time, in which the patients did not receive serum, 38 patients died, a mortality of 38 per cent.

2. "We have treated 152 patients in all stages of infantile paralysis, excluding seven cases presenting respiratory paralysis on admission, with 11 deaths, a mortality rate of 7.2 per cent. During the same period of time, 301 cases were reported to the Health Department, with 97 deaths, a mortality of 32 per cent.

3. "This series of treated cases suffices to demonstrate the harmlessness of serum treatment, when the serum is free from hemoglobin, sterile to repeated cultures, and the injections are slowly made and all known rules of precaution are observed.

4. "The serum appears to possess the power of definitely preventing the onset of paralysis when administered early in the disease. In ten undoubted instances of poliomyelitis in which no paralysis was detected at the time the serum was administered, prevention of paralysis and complete recovery resulted in 100 per cent.

5. "The action of the serum is more definite in arresting the extension of paralysis and diminishing the severity than in affecting its disappearance.

6. "As in other acute infectious diseases, the earlier the serum is administered, the more striking are the results obtained.

7. "Serum should be injected intraspinally in small doses and at the same time intravenously in larger amounts. The temperature has been employed as a guide to the dosage.

8. "The injection of serum is followed by a critical fall in the patient's temperature. Coincident with this there occurs a slowing of the pulse

rate, and usually other definite clinical evidence of general improvement.

9. "In doubtful early cases the decision to use serum should rest on the bacteriologic, chemical and microscopic examination of the cerebrospinal fluid."

Thus it would seem as if serum therapy has a place in infantile paralysis.

Taylor¹³ reports on the preparation and use of immune serum in the treatment of acute anterior poliomyelitis. To be of benefit it should be collected from patients having had the disease within 24 months, and must be administered early.

Rogers¹⁴ reports his experience in the use of tartar emetic intravenously in some cases of malaria.

It has long been known that while quinine has been of incalculable value in the treatment of malaria, there are some cases that are not cured by this drug. Quinine rapidly kills the intra-corporal stage of the parasite and brings about a cessation of the fibrile paroxysms, yet it often fails to destroy the extra-corporal cycle, which is responsible both for the frequent relapses of malaria, and what is more important, the infection of mosquitoes with resultant spread to other people.

Rogers¹⁴ has found that in five cases which had failed to respond to quinine therapy, a complete disappearance of malignant tertian crescents from the blood following intravenous injections of tartar emetic. He gives from two to ten cc. of tartar emetic in solution intravenously and in his series of cases has not found it necessary to give more than three injections, and in every instance there was a complete eradication of the parasite.

Should the study of future cases confirm the findings of Rogers, that tartar emetic given intravenously destroys the crescents of the malignant tertian variety and the corresponding forms of other types of malaria, it would mean a very valuable addition to our armamentarium in the battle against this disease.

Cyano-cuprol, a chemical compound, the component parts of which are copper and cyanogen, is mentioned by Kunitomo,¹⁵ Otani¹⁶ and others as a possible chemo-therapeutic agent against tuberculosis.

The work of the year seems to substantiate the theory advanced a few years ago, that artificial pneumothorax as a factor in pulmonary therapeutics, has come to stay.

Bonime¹⁷ adds renal tuberculosis to the list of tubercular infections which should be treated by tuberculin.

Pertussis vaccine is being used as a curative and prophylactic agent in whooping cough. There is a great variance as to its real value in the year's report.

The use of immune serum in the treatment of whooping cough is discussed by Bleyer¹⁸. His ex-

periments show it to be of little value, either as a prophylactic or curative agent.

The American, French and Canadian products, although slightly more toxic in their action, are taking the place of salvarsan and neosalvarsan in the treatment of syphilis. Mercury bichloride in doses ranging from one-sixth to two-thirds of a grain administered intravenously every third or fourth day is proving, in the hands of some syphilologists, to be quite an effective remedy.

Obliterating phlebitis and tissue reactions were complications met in its early use. These complications, however, can be almost entirely avoided by the following technique as outlined by the Wisconsin Medical Journal¹⁹:

"The dose of bichloride is made up to about 3 cc with normal saline. A fine, sharp pointed, 20-gauge needle is then fitted to the syringe, great care being taken that the mercury solution does not get into the lumen of the needle. The arm is now constricted until the veins at the bend of the elbow stand out prominently. The skin wiped with alcohol and a quick thrust made into the vein. The piston of the syringe is pulled out, when the blood will flow into the syringe, if the needle is in the vein. The constricting band is then released, the solution injected, and the needle left for two or three seconds. Before withdrawing it, draw blood back into the syringe. In this method there is no chance of even a fraction of a drop of mercury solution getting into the tissues. If this technique is carried out, there will be no phlebitis and no tissue reaction."

To the list of agents used in the treatment of leukemia, radium has been added.

Ordway²⁰ cites his experience with the use of radium and arrives at the following conclusions:

1. "Surface applications of radium in leukemia produce striking, indeed remarkable improvement in (a) the blood picture, which becomes almost normal; (b) in the size of the spleen and glands, which are reduced almost to normal; (c) in the general condition of the patient, who from an emaciated and weak condition may become plump and strong.

2. "The duration of remission is variable; it may last from months to years.

3. "The results of the radium treatment are not regarded as curative. It is believed to be, however, the safest, as well as the most prompt palliative measure in cases of the chronic leukemia whether refractory or not to bezol and X-ray treatment. From the results of radium therapy in leukemia, it is believed to be the best form of treatment now at our disposal."

Mention is also made of the use of radium²¹ in some of the cases of exophthalmic goitre.

REFERENCES

- 1 Mendelson—Military Surgeon, October, 1916.
- 2 Coehn.
- 3 Moore & Cehesney—Archives Internal Medicine, April, 1917.
- 4 Samuel Stern—N. Y. Medical Journal, April 12, 1917.
- 5 Rufus Cole—Journal American Medical Association, April 18, 1917.

- 6 Meltzer—Journal American Medical Association, Oct. 6, 1917.
- 7 Davis—Journal American Medical Association, Jan. 20, 1917.
- 8 Walker—Journal American Medical Association, Aug. 4, 1917.
- 9 Sicard—American Journal Medical Science, June, 1917.
- 10 Neustaeder & Banzhaf—Journal American Medical Association, May 26, 1917.
- 11 Rosenow—Journal American Medical Association, July 28, 1917.
- 12 Nuzum & Willy—Journal American Medical Association, Oct. 13, 1917.

- 13 Taylor—N. Y. State Medical Journal, June, 1917.
- 14 Rogers—British Medical Journal, Jan. 6, 1917.
- 15 Kunitomo—Colorado Medical Journal, March, 1917.
- 16 Otani—N. Y. Medical Journal, March 24, 1917.
- 17 Bonime—American Journal of Medical Science, Oct., 1917.
- 18 Bleyer—American Journal of Medical Science, July, 1917.
- 19 Wisconsin Medical Journal, March, 1917.
- 20 Ordway—Boston Surgical & Medical Journal, April 5, 1917.
- 21 Turner—Lancet, April 7, 1917.

NEWS NOTES OF OHIO

Cleveland—The local academy has announced that a free post-graduate clinical and didactic course in pediatrics, surgical diagnosis, casualty surgery, physical diagnosis, genito-urinary diseases, syphilis, gynecology and gross pathology will be established for the benefit of its members May 1.

DeGraff—Dr. O. W. Loffer has moved to Bellefontaine.

Middletown—Dr. F. W. Brosius spent April in post-graduate work in New York.

Hemlock—Dr. Robert Miller expects to locate in New Lexington in the early summer.

Greenville—Dr. and Mrs. Z. T. Penhorwood announce the birth of a daughter, Betty Jane.

Portsmouth—Dr. H. M. Keil and Miss Addie Spencer, both of this city, were married April 8.

Dayton—Dr. George W. Miller has been elected president of the local anti-tuberculosis society.

Ravenna—Dr. S. U. Siron has been appointed district surgeon for the Baltimore and Ohio system.

Columbus—Dr. and Mrs. J. M. Dunham have returned from an extended visit in southern Florida.

Columbus—Dr. and Mrs. C. D. Hoy and daughter have returned from a two months' trip to Florida.

Milford Center—Fire in this city, March 5, destroyed a large building owned by Dr. John L. Boylan.

Huntsville—Dr. John S. Montgomery has been re-elected president of the Logan County Board of Education.

Middletown—Dr. David B. Bundy is recovering from bruises sustained in an automobile accident, March 10.

Cincinnati—Dr. Frank Scheerer was severely bruised, March 25, when his automobile collided with a street car.

Sandusky—Dr. Edwin Gillard, Jr., has returned after spending the winter at health resorts in the south.

Cincinnati—Dr. Albert C. Carney has been elected president of the Hamilton County Tuberculosis Sanatorium.

Tiffin—Dr. George L. Lambright has located in Cleveland where he will confine his practice to internal medicine.

Ashtabula—Dr. Wallace R. Flower, who has been ill at Lakeside Hospital, Cleveland, is recuperating in Florida.

Belle Center—Dr. J. C. Banning, oldest member of the Logan County Medical Society, has been ill since October.

Dayton—Dr. N. N. Cowden, of Germantown, purchased the residence of Dr. J. L. Carter and moved to this city, April 15.

Canal Dover—Dr. Samuel B. McGuire spent the first two weeks of April in attendance at an eye and throat clinic in New York.

Canton—Dr. E. J. March has resigned as chairman of Division No. 1 of the District Exemption Board, Northern District of Ohio.

Urbana—Dr. Claud C. Craig has gone to Pinehurst, North Carolina, where he will be located temporarily on account of ill health.

Delaware—Dr. and Mrs. John H. Miller returned, March 23, from a trip to Camp Sheridan, Alabama, where they visited their son, Major Floyd Miller.

Columbus—Dr. Martin H. Fischer, of the University of Cincinnati, addressed a meeting of the General Practitioners' Medical Society of this city, March 28.

Alliance—Dr. William H. Burns, who has been under treatment for several weeks at a sanatorium in Bluefields, West Virginia, has returned home convalescent.

Lancaster—The body of Dr. J. F. McKinley, cousin of former President McKinley, who died at his residence in Chicago April 1, was brought to this city for burial.

Pomeroy—Drs. Byron Bing and A. E. Lawrence have formed a partnership for the practice of medicine and will occupy the offices formerly occupied by Dr. Lawrence.

Raymond—Dr. C. H. Thompson has been appointed Republican member of the Union County liquor licensing board to succeed the late Dr. D. J. Jenkins, of Broadway.

Sandusky—Dr. F. J. Leblieq has been appointed city physician, succeeding Dr. J. S. McClelland. He will be compensated at the rate of \$1.50 each for day calls and \$3.00 for night calls.

Policy of Industrial Commission in Workmen's Compensation Cases to be Determined by Hearing

Recent developments in the operation of the medical department of the Industrial Commission are of great importance to the medical profession of the state, for final determination of some of the points at issue will have a permanent bearing upon the policy of the state in dealing with the medical profession in all state insurance matters.

Dr. William H. White of Cleveland, chief medical examiner for the Industrial Commission, in charge of all workmen's compensation cases, was removed by the Commission in a special order issued January 26. Dr. White, feeling that the removal was prompted by consideration of points not directly concerned in the merit of his administration, brought the matter into court and later appealed to the Civil Service Commission of Ohio to have the removal order set aside. After a hearing that lasted four days and produced over five hundred pages of typewritten testimony, the Civil Service Commission, which is now composed of only two members, failed to reach a conclusion and issued an official notation to the effect that the Commission "neither affirms, disaffirms or modifies the judgment of the appointing authority, the Industrial Commission."

This, of course, has the practical effect of keeping Dr. White out of his position. Immediately following the original order the Industrial Commission made Dr. Harley H. Emerson, first assistant medical examiner, the acting chief. At Dr. Emerson's death a few days later Dr. Thurman R. Fletcher of Gallipolis was promoted to this position and since that time Dr. Fletcher has very ably served as acting chief examiner. It is probable, however, that a chief will be appointed in the near future.

The order of removal issued by the Commission, copy of which is presented in connection with this article, originally charged that Dr. White had been guilty of incompetency, malfeasance in office, discourteous treatment of other members of the profession and the public. During the hearing all charges excepting "discourteous treatment of the profession—meaning the public," were withdrawn.

It is impossible for us in a single issue of *The Journal* to present even a summary of the evidence introduced. A number of physicians from various sections of the state were summoned to testify, and several individual cases, where it was charged that Dr. White had exceeded his authority, were examined in minute detail.

The main point of the testimony seemed to be that Dr. White, as chief medical examiner, had exceeded his authority in suggesting corrective

operations regardless of the attitude of the attending physician. There has been criticism of this for some time. It has become the established custom of the Commission, in cases where long disability continues, to refer the patient to some specialist known to the medical department of the Commission, with a view of securing corrective work that would terminate the disability.

Dr. White has constantly defended these procedures. He holds that they are necessary in order to protect the patient and the fund—that cases constantly develop where the injured man becomes permanently, partially disabled, and where the attending physician, by reason of lack of knowledge in some special field, is unable to correct the underlying disability. In these cases the evidence showed Dr. White has sent the injured man to a specialist, usually in Cleveland or Columbus, and in many cases corrective operative procedure resulted.

Dr. White is well fortified with evidence tending to show that this work has saved the state a considerable sum of money in cases where the disability might have continued indefinitely. On the other hand, those familiar with the situation have argued that the development of such a course, with a state employe as the determining factor, must eventually lead to serious abuse of the power.

The Industrial Commission further charges that Dr. White had arbitrarily demanded that patients go to certain specialists for corrective work when the treatment could have been rendered with equal value by a specialist located nearer the patient's home. This case is illustrated by that of a Jackson, Ohio, resident. The man had experienced a severe facial burn. The evidence shows that the attending physician had saved the eyesight, but had recommended to the Commission that the patient be referred to a competent specialist for plastic surgery. The man was ordered to report in Columbus, where, at the Commission's request, he was examined by an eye, ear, nose and throat specialist who suggested surgical aid for the occluded nostril. This specialist testified that he had advised Dr. White that between five and six hundred dollars would be a reasonable fee for so difficult an operation. Dr. White then made arrangements with a specialist in Cleveland to do the work for one hundred dollars. The Commission criticised the action because, it held, Dr. White had not taken further steps to ascertain whether the work could have been done nearer home.

The Civil Service Commission divided over this case. One member thought that Dr. White had acted in the best interests of the patient

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and the state while the other member agreed with the Commission.

* * *

A case originating in Piqua, Ohio, was the basis of the charge that Dr. White had been discourteous in his dealings with the profession. In this instance, on May 11, 1916, the attending physician wrote Dr. White asking him to suggest "some competent surgeon who might furnish the patient further treatment." Dr. White did not reply until May 31. In the meantime the mother of the claimant took her son to Cincinnati and placed him in the care of a surgeon. The family physician on June 3 advised Dr. White of this fact and advised that the patient be left in care of the Cincinnati man, whose opinion was that six months would be required to effect complete repair. Later, on December 19, Dr. White wrote the attending physician, suggesting that instead of sending the patient to Cincinnati he be sent to Columbus for examination. The attending physician referred this letter to the Cincinnati surgeon, who naturally was rather incensed and who on January 26, 1917, wrote Dr. White to the effect that he re-

garded the suggestion as a highly improper one and inquired as to his authority for demanding that the patient be sent to Columbus instead of Cincinnati. Dr. White's reply, February 12, 1917, was to the effect that he did not know that any explanation was necessary. Member Walton quotes a paragraph of this communication to show what in his opinion constitutes "discourteous treatment of another member of the profession."

* * *

At this writing it is not known whether Dr. White will pursue further court action in an effort to regain his position. The civil service hearings brought out many points to his credit. Several testified that during his administration the affairs of the office were very capably administered and that he was able to greatly reduce the friction previously existing between the profession and the state department. Others testified as to his zeal in securing the best available medical attention in all cases, and his willingness to deal fairly with the profession. In our opinion his dismissal cannot be regarded as a personal matter or in any way reflecting upon

his ability either as a medical man and as an administrator. The difference of opinion arose from the policy to be followed in handling these cases.

Unless Dr. White regains his position through court intervention, it probably means that in the future his plan of extending corrective work will be abandoned or at least materially modified. There is a wide difference of opinion over the value of this work and there is every indication that it might be seriously abused.

The hearing was valuable in many respects as it drew public attention to the importance of securing the best possible medical attention for these cases. Both members of the Civil Service Commission commented favorably on the recent action of the legislature in removing the two hundred dollar limitation for medical payments. They both feel that this was the greatest single source of controversy and that many medical tangles will be avoided in the future.

Definite Allegations Made by Industrial Commission Against Dr. White

The following is the "order of removal" issued Dr. White by the Industrial Commission January 26—which was the basis of the hearing before the State Civil Service commission. The charges of "incompetency" were formally withdrawn later. The order follows:

The reason for this discharge is that you have been guilty of incompetency, malfeasance in office and discourteous treatment of the other members of the profession and the public, in the following particulars, to-wit:

"1st.—You have repeatedly required injured workmen to go for treatment to physicians or surgeons of your own choosing, without the consent or even the knowledge of their attending physicians, which practice is unethical, unfair to the injured workman, and permits of abuses that would thwart the accomplishment of the noble and humanitarian purposes of the Workmen's Compensation Law. In support of this charge we cite the following claims:

"Seth H. Halterman, Claim 139,252, who was required to go from his home in Jackson, Ohio, to Cleveland, Ohio, for operation by a surgeon selected by you for the purpose; Isaac H. Kiser, Claim 74,665, whom you ordered to come from Piqua to Columbus for corrective operation; Ernest Perkins, Claim 103,428, whom you required to come from Dayton to Columbus for operation by physician of your own choosing.

"John Allen, Claim 132,443, whom you notified to come from Youngstown to Cleveland for medical examination, threatening at the same time, that he would not receive compensation unless he complied with such requirement; John Riley, Claim 144,739, whom you required to come from

Cincinnati to Columbus for operation; Shell A. Martin, Claim 81,381, whom you required to make trip from Marietta to Cleveland for operation; together with many other similar cases as shown by the records of this office.

2nd.—Your judgment has been unexcusably faulty in recommending that injured workers submit to corrective operations, in cases where the chances of death or increased permanent disability were much greater than the chances of improvement. One injured worker, Mabel Beiler, Claim 37,560, died as a result of such ill-advised operation; another injured worker, W. M. Nichol, Claim 131,003, had his arm rendered totally and permanently useless through such ill-advised operation.

"3rd.—In recommending payment of medical fees you have unjustly discriminated against attending physicians of claimants, and have unjustly favored physicians or surgeons to whom you had sent claimants for treatment, when apportioning fees in cases where the legal limit of \$200.00 for medical services had been exceeded.

"This charge can be supported by the claim of Keplar Lane, Claim 109,317, and other claims on file with the Industrial Commission.

"4th.—You have put claimants to unnecessary personal expense and inconvenience in requiring them to travel an unreasonable distance to be treated by doctors of your own choosing when they could have secured the services of physicians or surgeons, equally as good, in their own localities.

"Claim of Seth Halteman, Claim 139,352, who was required to go from his home in Jackson, Ohio, to Cleveland, Ohio, for operation by a surgeon selected by you for the purpose; Isaac H. Kiser, Claim 74,665, whom you ordered to come from Piqua to Columbus for medical examination, threatening, at the same time, that he would not receive compensation unless he complied with such requirement.

"5th.—Want of harmony, lack of co-operation, and endless friction between our Medical Department and the physicians of the state have resulted from the practices enumerated in the above charges. This has caused unnecessary and unreasonable delay in the adjustment of the claims of many injured workmen—an injustice which should not be imposed upon the unfortunate victims of industrial accidents and should no longer be tolerated by the Industrial Commission of Ohio. There is no way in which we can eliminate this most deplorable condition without first making a change in the personnel of the Chief Medical Examiner of the Industrial Commission.

"In support of this charge we cite letters from Dr. Leo Schram, Dayton, Dr. F. S. Lott, Columbus, and other letters on file with the Industrial Commission."

A Gamble with Death

The state health department is conducting a vigorous publicity campaign to educate the thoughtless mother who exposes her baby to measles or whooping cough—"so it will get them and have them over early."

The department is citing figures to show that each of these diseases alone has in the past six years killed more Ohio children than the much dreaded scarlet fever, and that the two together have caused more deaths than diphtheria.

The death totals for the period 1911-16 are: whooping cough, 3,053; measles, 2,630; diphtheria, 4,922; scarlet fever, 1,876.

Four-fifths of those who died of whooping cough were babies a year old or younger. Practically all were under five. Three-fourths of the measles victims were under five.

Your Help is Needed

Ohio State Medical Journal—As you are aware there is urgent need for the country to use with the utmost care, our stocks of sugar, alcohol and glycerin. It has come to our attention through the work of Professor Wimmer of New York, and Mr. F. A. Upsher Smith of St. Paul, Minnesota that it is possible to reduce largely the amount of these materials used in medicines by the adoption of infusions, decoctions and solid forms of medication, such as capsules, in place of elixirs, syrups, fluid extracts and tinctures.

As the choice of medicine rests with the physician we feel that the extent to which this conservation program is successful rests largely with the physician and we urge upon physicians throughout the country the desirability of prescribing extemporaneously wherever possible.

It is really desirable that the editors of pharmaceutical and medical journals, deans and professors of colleges, and secretaries of state, county and city associations should see that the matter is fully discussed at meetings of physicians and druggists and should do all within their power to assist this conservation movement, which cannot fail to be of material assistance to the country since "Food Will Win the War."

May we depend upon you for your active cooperation in this matter? Yours very truly,

United States Food Administration,
Per Charles W. Merrill.

The Tax on Oleomargarine

Editor, *The Journal*: I note in my new *Journal* that you call the tax on oleo "a foolish tax." I am of the opinion that if you fully understood the situation you would not hold that opinion. It certainly would please Swift, Armour, etc., to have it removed so that they could sell their products for butter as they did before the law was enacted. Besides they are at perfect liberty to sell oleo as oleo by paying

one-fourth cents per pound for uncolored or by paying ten cents for colored. No dairyman or farmer ever objected to oleo being sold for what it is, but they do object, and rightly so, to having Armour's products put on the market as butter which was the general practice before this law was enacted and is, to some extent, still. However, they face greater difficulties now in practicing fraudulent selling than formerly and in my opinion it would be an irreparable blow at the dairy interests to have so just and sensible a law repealed. Respectfully yours, W. T. Sullivan, M. D.
West Mansfield, Ohio.

Small Advertisements of Interest

For Sale—One trephining set (3 trephines, elevator and salpel); One postmortem set (complete with skull clamp); one Otis urethrometer; one Otis dilating urethrotome; one set Otis' bougies a boule (Nos. 7 to 40 French); five Gouleys tunneled sounds (Nos. 3, 5, 7, 9, and 11); one Wheelhouses staff; one Thompson's stone searcher; seven Gouley's steel sounds (Nos. 7, 9, 11, 12, 13 and 20); eighteen whalebone filiform bougies; one Bank's whalebone sound (No. 12); two Otis' silver retention catheters (Nos. 1 and 3 with filiform whalebone guides); two double-current silver catheters; four silver male catheters of various curves; two silver male catheters (Nos. 2 and 3); two silver female catheters; one jointed silver catheter (male and female); one posterior urethral syringe. All the above in good condition. Forced by ill health to retire, and now need the money. The instruments may be examined at my residence. H. S. Jewett, M. D., 15 West Monument Ave., Dayton, Ohio.

For Sale—Ohio Practice of \$7,400, town of about 4,000. For purchase of property of twelve-room residence, offices in house. Price of property, \$7,500. Address S., care of The Journal.

For Sale—Physician's instrument and medicine case. For information write Mrs. Z. F. Postle, 447 W. Sixth Avenue, Columbus.

Wanted—A partner at once in \$3,600 to \$3,800 village and country practice, in Western Ohio. Good house and office, combined, good garage and good barn; good roads. Collections 98 per cent. After four or five months will retire from field. No other physician in village. \$500 cash required. Address Dr. W., care The Journal.

Wanted—Elderly physician, single, well educated, as resident physician in Nervous and Mental Hospital in good, middle west location. No business responsibilities. Position, with living expenses and moderate salary, makes a very desirable permanent berth for one physically disqualified for general practice. Give references, experience and minimum salary. G., care The Journal.

Location Wanted—Ohio physician seeks good location in town of 5,000 or under. If you know of a location, write Executive Secretary, State Association, 131 East State St., Columbus.

Minutes of Council---Dr. J. E. Tuckerman Appointed to Fill Vacancy in Cleveland District

Council of the Ohio State Medical Association met March 17th at 3 P. M. in the office of President-elect Baldwin, Columbus. The following members were present: President Smith, President-elect Baldwin, Councilors Carothers, Hunter, Murbach, March, McClellan, Headley and Teachnor, and Executive Secretary Sheridan.

The secretary read the minutes of the meeting of January 7, which were approved.

Certified statements of the audit of the books of *The Journal* and the secretary-treasurer were presented to councilors for inspection.

Secretary read letter relative to postponement of state meeting, which had been mailed to councilors, and reported that all had responded, endorsing such postponement. After a general discussion, Dr. Carothers offered the following resolution:

Whereas, a large number of our members who usually take an active part in the work of our annual meetings are busy with duties in connection with the selective draft, and

Whereas, Council feels that it would be a patriotic act to relieve the railroads during the spring months of all unnecessary travel, and

Whereas, the best meeting place in Columbus is not available by reason of government work, be it

Resolved that Council, after due consideration of these and numerous other factors, do postpone the dates of the seventy-third annual meeting from May 13, 14 and 15, to Tuesday, Wednesday and Thursday, October 1, 2, and 3, in the hope that by that time the demands of the selective draft organization on the medical profession will be less heavy; that traffic conditions will be improved, and that there will be other factors to contribute to the success of the meeting.

On motion of Dr. Teachnor, seconded by Dr. Hunter, the resolution was unanimously adopted.

The secretary reported on the status of the program for the annual meeting. Dr. Smith directed that the program committee hold a meeting at the time of the next council meeting, and that section officers be notified to have completed programs ready for presentation at that time.

Executive Secretary Sheridan presented in detail the membership standing to date, and reported a paid membership of 4049.

After discussion as to advisability of continuing the work of the Committee on Medical Education, Dr. Hunter moved that the executive secretary be instructed to get in touch with Dr. Phillips, and proceed with plans for this work, group lectures to begin as soon as can be arranged for.

On motion of Dr. Carothers, seconded by Dr.

Teachnor, Council unanimously adopted the following resolutions:

Whereas, by the death of Captain Milton J. Lichty, who died while in the service of our country, the medical profession has sustained a great loss, and

Whereas, the Ohio State Medical Association has lost through the death of Dr. Lichty, one of its most earnest and capable officials, who was deeply interested in the aims of organized medicine,

Be it resolved, That the members of Council of the Ohio State Medical Association, on behalf of the Council and the entire Association, express to the members of Dr. Lichty's family, our great sympathy in their bereavement, and the sense of loss which we feel in the untimely departure of our friend and co-worker.

On motion of Dr. Teachnor, seconded by Dr. Hunter, Dr. J. E. Tuckerman of Cleveland was unanimously elected to fill the vacancy caused by the death of Dr. Lichty, councilor of the Fifth District.

Executive Secretary Sheridan informally presented to Council several legislative matters of interest.

On motion, duly seconded, Council adjourned to meet June 30, at 3:00 P. M. at the Deshler Hotel.

Wells Teachnor, M. D., Secretary of Council.

Shortage Apparent in Cincinnati

The shortage of physicians which has been brought about by the enlistment of medical men in military service became apparent in Cincinnati recently. Although the civil service commission announced the holding of examinations for positions as district physicians for the board of health and resident physician at the General Hospital, and invited local physicians to file applications, none were received. Hospital authorities and the board of health united in requesting the commission to waive its rule requiring local residence in an effort to fill the positions. The health department invited several women physicians of Cincinnati to take positions in the department, planning to assign them to work in the schools and thereby release the ten male physicians still in that branch for outside work. The complement of district physicians was finally filled by the appointment of Drs. L. G. Reuscher, C. J. Wiechelman and Alfred Gaither of Cincinnati and Dr. A. M. Freund of Appleton, Wisconsin, in whose case it was necessary to waive the residence requirement. It is estimated that nearly 175 Cincinnati physicians have entered active military work or are awaiting call at an early date.

OHIO HOSPITAL NOTES

—Dr. Emerson A. North has been appointed superintendent of Longview Hospital, Cincinnati, to succeed Dr. F. W. Harmon, who resigned April 17 because of ill health. Dr. Harmon is a brother of former Governor Judson Harmon and has served as superintendent of the Longview institution for 37 years. Dr. North has been acting superintendent at the hospital since Dr. Harmon left for California several months ago.

—The superintendents of Youngstown City Hospital and St. Elizabeth's Hospital have asked for the payment of \$84,000 which the city owes the two hospitals. According to a report filed with the mayor by the hospital representatives, the city owes the hospitals \$49,000 for 1917, \$2,200 for 1916, \$3,000 for 1915 and \$30,000 for the years, 1912-13-14.

—Dr. Walter E. List, assistant superintendent of the Cincinnati General Hospital, has been appointed acting superintendent to fill the vacancy caused by the absence of Dr. A. C. Bachmeyer, who has been granted leave for the period of the war. Dr. E. A. Martin, formerly resident physician at the Tuberculosis Sanatorium, has been assigned as head of that institution in place of Dr. List who also served as superintendent of the sanatorium.

—Pursuant to a request received from the War Department, Columbus school boys have taken up with enthusiasm the work of making furniture for Army cantonment hospitals in their manual training classes.

—The Lorain Board of Health adopted a resolution, March 11, for the erection of a contagious disease hospital at a cost of five or six thousand dollars. The proposed hospital will be a one-story brick affair with offices for physicians and sanitary officers and accommodations for 15 patients.

—Dayton's two hospitals were placed on a new rating April 1, under which each will receive an annual subsidy of \$40,000. This is \$10,000 beyond the regular annual allowance and will be in effect until August, after which they will be put on a rating of \$1.85 per day. The new system looks to a scientific study of the hospital situation in the interests of economy.

—Funds are being solicited to the amount of \$5,000 for the establishment and maintenance of a free bed for the poor in Good Samaritan Hospital, Zanesville.

—The executive committee of the medical department of the University of Cincinnati has announced that a rule prohibiting members of the attending staff of the General Hospital from serving more than one other hospital will be

rigidly enforced. The rule affects a number of physicians and surgeons.

—Articles of incorporation for a Greenfield Hospital have been drawn and signed by Drs. Robert J. Jones, W. H. Willison, J. B. Glenn, W. C. Martindill and Mr. Delbert R. Cowan of that village. Stock to the sum of \$15,000 has been fully subscribed and Columbus architects are drawing plans for the remodeling of a Greenfield residence property for hospital purposes.

—Governor Cox has asked the federal government for \$36,000 to be added to the \$25,000 which the state will raise to enlarge accommodations of the Ohio State Tuberculosis Sanatorium for the treatment of tubercular soldiers.

—During the first eight months of its existence Norwalk Memorial Hospital cared for \$168 patients, including 56 major and 39 minor operations and 25 maternity cases. The financial report shows that the hospital was practically self-sustaining, expenditures being \$47,267.27 and receipts \$47,180.24.

—Plans for a new hospital and laboratory building to be erected at the plant of The Jeffrey Manufacturing Company, Columbus, have been completed. The building, which will be one of the most modern industrial hospital and laboratory buildings in the Middle West, will be a two-story structure of brick and stone.

—A Cincinnati hospital has been made the defendant in a suit for \$50,000 damages filed by a former patient, who alleges that a serious operation was performed upon him there by mistake February 19. His petition recites that after he had been in the hospital twelve minutes he was told to undress and he thought that the order and the subsequent anesthetic which was administered to him were part of the proposed treatment for his cold, for which he had entered the hospital. He recovered from the physical effects of the operation and was discharged from the hospital a few days before filing suit, but claims damages on the basis "that he has been permanently injured in such a way that it has caused him great mental anguish and humiliation."

—The supreme court recently upheld the validity of a \$35,000 bond issue for the erection of a municipal hospital in Circleville. Objectors had contended that the bond issue was not valid because the city council had not given official notice that the question was to be submitted at an election.

—When Columbus city council chose a West Side site for the proposed isolation hospital which has been the subject of consideration for over a year, residents of that section united in opposing the step and council rescinded its action, again referring the matter back to committee. Several sites are now being considered.

Cincinnati Academy Urges Governor Cox to Appoint Director and Medical Staff to Supervise Care of State Wards

Concrete suggestions for improved care of state wards in our great insane hospitals have developed as a result of the investigation of conditions in Longview Hospital—the institution maintained jointly by Hamilton County and the State of Ohio near Cincinnati. We trust that the State Board of Administration, which is solely responsible for the operation of our nineteen state institutions, is giving these recommendations some attention. If they are doing so, it is possible that in the future the state will devote more attention to the treatment problems, and not be concerned solely in keeping down the per capita cost.

After the sensational disclosures in Longview, which resulted in the indictment of attendants, the Cincinnati Academy of Medicine appointed a special committee to investigate conditions, and this committee composed of Drs. G. A. Fackler, J. C. Oliver, J. M. Withrow, Louis M. Schwab and David I. Wolfstein, has made a very interesting report. While it applies especially to Longview, it might apply with equal force to the other state hospitals for the insane.

The committee makes a number of special recommendations designed to strengthen the system of treatment. It emphasizes the need of thorough scientific examinations of patients on entrance, separation of the distinctly curable from the distinctly incurable cases, adequate case histories, and additional buildings for recreation and scientifically supervised employment in occupational therapy.

The academy had this report under consideration and adopted resolutions which were presented to Governor Cox covering the main recommendations of the report in the following terms:

"(1) The establishment of an Institute of Psychiatric Research.

"(2) The appointment of a director in charge who shall be a recognized authority in psychiatry and neurology, who shall supervise all of the medical and psychiatric work carried on in the State Institutions for the care of the Insane, Criminal and Epileptic.

"(3) Providing such director with such assistants and such laboratory facilities as will be necessary to carry on this work.

"(4) Empowering such director to devise a program for the improvement of the medical and scientific treatment of the State's wards.

"(5) Requesting such director to investigate the feasibility of instituting the following methods, among others, of increasing the service to be rendered the insane and of stimulating the interest of the medical profession at large in the study of this important problem of insanity, thereby bringing them in closer co-operation with the work of the State Institutions.

"(a) Establishment of uniform system of record and improved systems of case-taking and study.

"(b) Holding of clinical conferences both at the central laboratory and at the various institutions so that the resident medical corps, as well as the profession at large, may be led to a broader interest in this subject.

"(c) The conduct of a central laboratory for the examination of pathological material to be submitted by the physicians in the various State Hospitals, thus avoiding the cost of duplicating laboratories in the dozen of more State institutions.

"(d) To take such steps as will bring the family physician in close touch with the progress and treatment of his patient while in the State Hospital, and after discharge to keep in touch with patient through the family physician. It stands to reason that the family physician would be one of the committing physicians and he should be paid a reasonable fee for his testimony. Under this arrangement of close contact with the family physician a system of paroles could be established whereby the patient could be committed to the care of the family physician, reporting back to the institutions at stated intervals for observations. Through this manner family occupational adjustments and the earlier recovery from the mental condition would be brought about.

"(e) To inquire into the feasibility of establishing a visiting paid staff with limited terms of office, who as internists, surgeons, and other specialists shall supplement the work of the resident staff.

"(f) To encourage the holding of clinics and the reading of papers by the resident staff and others in places accessible to the profession at large and to the medical student bodies. To encourage under proper supervision research work in the State Hospitals by members of the profession interested in psychiatry and its allied problems.

"(g) To institute methods of encouraging therapeutic enthusiasm and breadth of social viewpoint in the medical corps of the hospitals. In combining scientific research with a hopeful nigerepeutic outlook there will be developed an adequate nursing service and a proper esprit de corps among the attendants of the institutions. With the adoption of this program at large there should ensue a separation of the medical and the housekeeping administration, the medical superintendent giving more and more time to the scientific medical problems and delegating the housekeeping phase of administration to subordinates.

"(h) This program will insure the scientific treatment of the patient; it will insure him con-

sideration by attendants; it will relieve the anxiety of relatives and increase the confidence of the public in the State Hospitals; it will put an end to scandals; it will return a larger number of patients to society to again become useful citizens, thereby reducing the overcrowded conditions and the sum total of maintenance costs."

In discussing the subject of salaries for institutional physicians, the committee goes directly to the root of things. Inasmuch as this condition prevails in all state institutions, we produce in full the committee's recommendations on this point:

"Competent medical service can not be secured or expected unless the State will recognize the necessity for adequate recompense. Salaries should be increased to equal, or if necessary to secure the right person even to exceed those paid to men in similar positions in, or out of institutional work. The right sort of medical service having been secured, the chief medical director will be in position to establish a proper esprit de corps, and to maintain the high scientific spirit which makes for elevated ideals, scientific achievement and faithful service.

"The present status of things is naturally far short of this status, but if due consideration be given to the meager provisions which have been made for medical service, we feel that the physicians have done as well as could reasonably be expected. Inasmuch as the institution has been forced to work under great financial restrictions, the employment of adequate medical assistance, such as we have above recommended was not feasible; therefore resort was, of necessity, had to the enlistment of recent graduates with insufficient monetary recompense. These accepted the positions merely as a temporary measure to tide them over a brief period of time before entering upon the practice of their profession elsewhere. In other words such men did not, and could not be expected to have that attitude of mind, and interest in psychiatric medicine which would create in them the wish to devote themselves perhaps permanently to this useful and important branch of medicine. This procedure should therefore not be encouraged. However, if there should be established proper working conditions, and there existed the right kind of scientific atmosphere and facilities, recent graduates with hospital experience and laboratory training would find here a fertile field for future life-work, and could enter the institution assured of the necessary further training to properly equip them.

"Under such circumstances recent graduates might be encouraged to enter the institution, but only under the condition that a sufficient salary and genuine scientific opportunity be provided as to warrant their service for long periods of time. Both the institution and the physician would be thereby benefited. Should it be possible to carry out this plan not only would the

insane be provided with scientific treatment, in complete harmony with the best modern demands, but the institution would also train workers fitted to undertake similar occupation elsewhere."

In concluding its report the committee holds that "Longview hospital should be something more than a boarding house for the unfortunate inmates." Patients, the report declares, should receive the very best physical care and the most efficient medical treatment and, "as in every other hospital there should be specially emphasized the great opportunity for pedagogic and research purposes."

To accomplish this the committee recommends closer relationship and cordial co-operation with the Medical College and the General Hospital. It holds that systematic instruction in psychiatry should be a part of the obligatory curriculum of regular medical student, and it suggests that City Hospital internes might serve a part of their time at Longview.

"S. O. S."

The appeal which we carried in the last number of *The Journal*, asking county society officers to make special efforts to bring their membership to last year's quota, has received splendid response. We knew it would.

In the past four weeks dues for approximately 231 members were remitted. Four more counties qualified for membership in the One Hundred Per Cent. Club—Champaign, Clinton, Noble and Wayne—bringing the total number of counties included in that elite society to 35. Noble County went "over the top" with three members in excess of the number required to qualify.

On April 15, 1917, there were 4,371 members in good standing. On the same date this year we have 4,300 paid up members. Both sets of figures include the 20 life members which we carry on our books as honorary members of the Association.

We are not inclined to feel discouraged over this deficit of 70 members. We believe that our present standing is unusual, considering the unsettled condition of the country, and during the coming spring weeks we intend to make every effort to see that not only the 70 members which we lack on this date are recovered, but to exceed the record breaking total we attained last year—4,611.

Again we solicit your help, county secretaries and treasurers. Many of the 52 counties which have not qualified in the One Hundred Per Cent. Club to date—in fact, over half of them—lack less than five members of the required number, and many others are within ten of the coveted mark. A telephone call or a personal note from you, reminding the busy doctor of his failure to remit his annual dues, will no doubt bring the overlooked check.

State Department of Health Needs Co-operation of Physicians in "Baby-Saving" Campaign

Because of the heavy demands which war conditions are making upon the time of physicians who remain in civil practice, the doctors of the state will be called upon no more than is absolutely necessary in the preliminary work of the Children's Year campaign, according to the division of child hygiene of the State Department of Health, which is directing the campaign in Ohio.

It is pointed out, however, that the general weighing and measuring test of children, now being carried on, is of direct interest to physicians because of the influence it will have toward educating mothers to submit their children to medical examination at frequent intervals.

The tests which are being applied in these examinations are of such simple nature that they can easily be carried on by untrained workers. The child's height and weight and his general health as it appears to the ordinary observer comprise all the information that is being collected.

Plans for the later months of the year's work are not yet complete. It is considered probable, however, that medical assistance will be required in some of these later activities. If such a need arises, a call for volunteer workers will be issued to physicians.

Local committees which are conducting the weighing and measuring tests and the later features of the campaign will emphasize the importance of recurrent physical examinations in maintaining the child's health.

The Children's Year, which opened on Liberty Day, April 6, is a national movement, directed by the Children's Bureau of the Federal government, to protect America's children against increased death risks which, experience of other countries has proved, are brought about by war conditions. In addition to keeping the rate down to normal, however, an additional object of the movement is the achievement of a one-third reduction in the 1918 death total as compared with that for preceding years. In other words, as it is popularly phrased in slogan form, we are to "save 100,000 babies" of the 300,000 who would die if this year's rate were the same as that of previous years.

The 100,000 babies to be "saved" have been assigned to the states in quotas proportionate to their respective populations under 5 years of age. Under this apportionment, Ohio must show a saving of 4,510 lives—a 30 per cent. reduction. For the state campaign these 4,510 babies have been apportioned among the counties and cities according to their respective 1916 death totals of babies.

The State Department of Health and the Women's Committee of the Council of National Defense are working together in directing the movement in this state. Local committees which will carry out the state program have been organized in about two-thirds of the counties, and efforts to effect organization are being made in other counties.

Be on the Lookout

Editor, *The Journal*—During the past few weeks a woman has been canvassing Cincinnati and its suburbs in the interest of a preparation which she represents to be a permanent and infallible remedy for the removal of superfluous hair. The preparation, as near as I can judge consists chiefly of wax and paraffine, with a goodly amount of resin. A cake of this is placed upon a piece of cheap drilling, covered for the time being with paraffine paper. The paraffine paper is removed and the mass is applied to the affected area of the face. It adheres tightly to the hair which is mechanically removed when the preparation is forcibly pulled off.

This woman represents that two or three applications of this kind will permanently remove hair. She is deceiving others, if not actually deceiving herself. Hair thus removed will invariably come back stronger than ever. In short her practice cannot be looked upon as other than fraudulent.

The resinous preparation incidentally produces a very severe dermatitis and it has come to the writer's notice to observe cases where there was very severe irritation and inflammation following this practice. This individual will doubtless make a canvass of many other cities in Ohio and neighboring states, and I am addressing this communication to *The Journal* in order that the profession and laity may be forewarned against this fraudulent misrepresentation.

Very sincerely,

M. L. Heidingsfeld, M.D.

Cincinnati, March 26, 1918.

A Patriotic Investment

The Erie County Medical Society has the right idea. At a recent meeting it was voted to purchase a Liberty Bond and invest the balance of its treasury in Thrift Stamps. There are a number of societies that will have to confine their investment to Thrift Stamps, if any, but those organizations which carry material balances should give careful consideration to the Liberty Bond investment idea.

OHIO PUBLIC HEALTH NOTES

—The annual meeting of the Ohio Society for the Prevention of Tuberculosis, which usually occurs in May or June, has been postponed to the latter part of September, when it will be held in connection with the meeting of the Mississippi Valley Conference in Columbus.

—Plans to secure more effective law enforcement against the social evil in Columbus and to promote public education in sex hygiene were formed, March 18, at a meeting of the Chamber of Commerce and several local organizations. The meeting was the outgrowth of a conference held last fall in which local health authorities deprecated the inadequacy of facilities for dispensary and hospital care of venereal diseases. Dr. E. R. Hayhurst is chairman of the permanent committee appointed to work out a program, which includes three representatives each from the Columbus Academy of Medicine, the health committee of the Central Philanthropic Council and the social service committee of the Chamber of Commerce.

—The Ravenna Visiting Nurse Association raised \$2,000 in a five-day campaign for funds for the coming year during March. The Ravenna organization, organized ten years ago, was the first association of its kind to be chartered in Ohio, outside the larger cities.

—The state department of health has obtained from Director General of Railroads McAdoo a ruling whereby shipments of chemicals necessary for purification of city water supplies in the state will be expedited. Twenty shipments for Ohio cities have been so speeded up.

—Dr. Malcolm Miller has been named city epidemiologist by the Akron board of health to succeed Dr. R. W. E. Cole, who left Akron in April to accept a position with the state department of health at Charleston, West Virginia. Drs. R. O. Knapp and S. F. Ziegler were appointed district physicians. Owing to the inroads which Army and Red Cross work have made into health department work, the board decided that undergraduate nurses who have had previous experience in social training could be employed as visiting nurses.

—More than 500 counterfeit or forged prescriptions were found in Dayton drug stores during the first two weeks of March by state inspectors who conducted an investigation following receipt of many complaints that Dayton stores were lax in selling narcotics. Nearly every one of the forged prescriptions called for morphine in excessive quantities. The general scheme of users of this drug is to get a prescription from a physician, keep the original and trace the physician's signature on other prescriptions.

Frequent robberies of physicians' and druggists' offices have also occurred.

—Working on the theory that much of the fretfulness, peevishness, headaches and consequent poor work in school is due to irregularity in health habits, the superintendent of Lakewood schools has organized a health league for pupils of that city. To become a member a pupil cannot have an average of merit points below 80 per cent. and percentages are based on merit marks for: Washing hands before each meal, 5 credits; drinking a glass of water before each meal and before going to bed, 5; brushing teeth, 5; eating slowly and not between meals, 15. Credit is also given for calisthenics, correct posture in sitting, standing and walking, and hours of sleep. Parents have been asked to cooperate in promoting the work of the league.

—In an effort to prevent the outbreak of disease in over-crowded buildings during the spring months the Akron health department conducted a survey of public schools in March. The subjects of close examination were the general surroundings of the school buildings and grounds, sanitary conveniences, water supply and ventilating systems. Attention was also given to the lighting of school rooms and the arrangements of blackboards and charts.

—The Dayton courts have announced that violators of quarantine laws will be given the maximum fine provided by law. On March 15 a woman was fined \$20.00 and costs for leaving her home before a scarlet fever card was removed.

—Following a report of the children's committee of the Cleveland Welfare Federation on the standards of work, number and capacity of institutions, choice and conditions of children cared for, defective children in the institutions and state provision for their care, the organization asked county commissioners to assume an equitable share of the burden of caring for needy children. The report shows that the city's agencies for the care of dependent children have not grown in proportion to the increase in population and are inadequate to provide for the increasing number of children who need protection and care.

—In an effort to guard the 23,000 inmates of state institutions against any outbreak of disease the State Board of Administration sent letters to managing officers of institutions, April 1, asking whether all inmates have been successfully vaccinated and whether new patients were vaccinated as soon as admitted. If it develops that this precaution is not being taken an order for immediate vaccination will be issued.

—Dr. Frank M. Sayre of Canton spoke on "Health and Sanitation; Fighting the High Cost of Living," at one of a series of lectures held in March under the auspices of the Canton woman's committee of the Council of National Defense.

New Recruiting Drive for Medical Officers' Reserve Corps Men is Necessary---Thousands are Needed

There is every indication that the Surgeon General's Office will shortly launch another campaign to recruit volunteers for the Medical Officers' Reserve Corps in Ohio. Dr. Franklin Martin, chairman of the general medical board, Council of National Defense, in a recent statement intimated that such a campaign would be necessary. The Surgeon General has advised us that, at present, he has almost exhausted his lists of available men, and that the demands of this summer will be far larger than ever before.

On March 1, 1,011 Ohio physicians had been recommended for commissions in the corps and this represents about 12.6% of the physicians of the state. In addition to this number there are about 125 who entered through the National Guard, Red Cross and the armies of our allies. This completes Ohio's apportionment under the first quota. Dr. Martin's statement indicates that a much larger Medical Corps will be necessary.

There were (March 1) 144,869 physicians in the 48 states and District of Columbia. The Surgeon General's report for March 22 gives a total of 18,138 officers in the Medical Reserve Corps, and of these 14,911 are on active duty. Weekly reports indicate that the officers are being called to active duty in greater numbers than they are being admitted to the Reserve Corps. In all, 22,309 doctors have been recommended by the Surgeon General for commissions in the Medical Reserve Corps—15 per cent. of the doctors of the country.

The damper was thrown on the situation in Ohio last fall when an urgent campaign for medical officers was instituted, and after securing the applications the men were not called to service. In dozens of cases physicians fired by patriotic impulses applied for commissions and—expecting an immediate call—wound up their business affairs with a view of leaving immediately. When the summons failed to come, week after week, these men were left in an embarrassing position which became serious as the time lengthened. It was not until spring that this situation was relieved. Now most of these men have been called to active service and the others will be summoned as rapidly as possible.

This situation last fall was caused by the delay in the Surgeon General's Office in announcing that men who apply for commissions should not wind up their business affairs until they had received definite summons from that office, to the effect that they would be notified in advance of their call. In a statement issued this spring applicants have been assured that at least fifteen days' notice would be given Reserve Corps men to close up their affairs at home. Applicants are strongly urged not to relinquish their practice until such notice is given.

It now seems certain that every physician in the state who is physically qualified and not too much burdened by dependency will be compelled to give serious consideration to Army service. Every call from Europe is for additional men. These new armies, of course, must have the necessary complements of medical officers. Those in touch with the situation at Washington are convinced that if the Medical Reserve Corps is not recruited through voluntary methods, the government will resort to the draft.

Here in Ohio in the past two months we have had a striking indication of the serious need of our allies for medical recruits. British officers have been touring the state, communicating with British subjects who are physicians. Their demands have been very insistent.

Ohio has responded splendidly to the call for physicians, but there are still a number of men—one or two in almost every community—who have not met this problem squarely. Our prediction is that during the next three months these men will be forced into such consideration.

* * *

Dr. Gorgas, in a letter to *The Journal* on April 8, appeals for aid in bringing the matter forcibly to the attention of Ohio's medical men. He writes:

1. I wish to call to the attention of the professional men at large the urgent need of additional medical officers. As the war progresses the need for additional officers becomes each day more and more apparent. Although the medical profession of the country has responded as has no other profession, future response must be greater and greater. The Department has almost reached the limit of medical officers available for assignment.

2. I am, therefore, appealing to you to bring to the attention of the profession at large the necessity for additional volunteers. So far the United States has been involved only in the preparatory phase of this war. We are now about to enter upon the active or the fighting phase, a phase which will make enormous demands upon the resources of the country. The conservation of these resources especially that of man-power depends entirely upon an adequate medical service. The morning papers publish a statement that by the end of the year a million and a half of men will be in France. Fifteen thousand medical officers will be required for that army alone. There are today on active duty 15,174 officers of the Medical Reserve Corps.

3. Within the next two or three months the second draft will be made, to be followed by other drafts, each of which will require its proportionate number of medical officers. There are at this time on the available list of the Reserve Corps,

an insufficient number of officers to meet the demands of this draft.

4. I cannot emphasize too strongly the supreme demand for medical officers. Will you give the Department your assistance in obtaining these officers? It is not now a question of a few hundred medical men volunteering for service, but it is a question of the mobilization of the profession that in the large centers of population and at other convenient points as well as at all Army camps and cantonments, boards of officers have been convened for the purpose of examining candidates for commission in the Medical Reserve Corps of the Army. An applicant for the Reserve should apply to the board nearest his home.

5. The requirements for commission in the Medical Reserve Corps are that the applicant be a male citizen of the United States, a graduate of reputable school of medicine, authorized to confer the degree of M. D., between the ages of 22 and 55 years of age, and professionally, morally and physically qualified for service.

War Notes

Dr. Angus MacIvor of Marysville, who is serving with our expeditionary forces in France, was highly praised in recent news dispatches from the field correspondents for conspicuous bravery under fire. The instance which attracted the attention of the news writers was Dr. MacIvor's coolness in proceeding with operative work in a dugout while enemy shells were dropping, after one of his assistants had been blown to pieces. Friends of Dr. MacIvor here in Ohio were confident that he would make a splendid military record.

Dr. F. C. Waite, Cleveland, has been called to Washington, D. C., to assist Major Horace D. Arnold, M. R. C., in the new division of the Surgeon General's Office which is to have charge of the medical, dental and veterinary students, who, under the selective service act have been enlisted in the Medical Reserve Corps and placed on the inactive list, pending the completion of their education. Any student who does not make satisfactory progress will be dropped from the reserve list and become eligible for active service. The division is also to have oversight of the schools in which these men are studying and to determine which schools are satisfactorily equipped for professional training.

Dr. Barney J. Hein of Toledo, recently promoted from lieutenantancy to captaincy, is on duty at Camp Crane, Allentown, Pennsylvania.

In the Osborn Building in Cleveland, the office of Drs. Bunts, Crile and Lower, there is a large service flag with ten stars. It stands for the service of Drs. G. W. Crile, W. E. Lower, and

T. P. Shupe, who are with the Lakeside Unit in France, and Dr. F. C. Bunts, who has charge of the base hospital at Camp Travis, San Antonio, Tex. The remaining stars are for the members of the office staff—Hugh Breslin, laboratory worker, the Messrs. Brownlow, medical artists, Miss Preston and Miss Barney, secretaries, and Miss Grundies, nurse. In the absence of these at the front, the work is being handled by Drs. H. G. Sloan, J. D. Osmond, and C. A. Bowers. We wonder if there is a service flag in the country that represents a more distinguished record.

Dr. Roger G. Perkins of Cleveland and H. Gideon Wells of Chicago, who were members of the Red Cross commission which visited Roumania, write very interestingly on the sanitary and political situation in *The Journal* of the A. M. A. of March 16. The article throws thorough and interesting light on recent developments in south-eastern Europe.

A note to *The Journal* from Captain W. E. Hart of Elyria, who has been stationed at Ft. Oglethorpe Post Hospital since June 15, informs us that he is having the time of his life in Uncle Sam's service. "There is a strange fascination about this work that I cannot yet quite understand," he writes. Dr. Hart is past the age limit for Army service, but he is still able to show up many of the younger men in the strenuous work.

Dr. J. C. Placak, captain, M. O. R. C., is on duty at the post hospital at Camp Green, Charlotte, North Carolina.

An efficient medical corps is an important factor in sustaining the morale of the fighting forces and nothing is more demoralizing than inefficient handling of the wounded, Colonel E. B. Hardy told members of the Summit County Medical Society at a meeting, April 2. Colonel Hardy recently returned from France where he saw two years of service with the Canadian Medical Corps. He was one of the members of the allied forces who went through the first gas attack launched by the Huns on the western front in 1915.

Drs. J. W. Croft of West Liberty and W. H. Carey of Bellefontaine, M. O. R. C., reported for training at Fort Greenleaf on April 10.

A letter from Dr. Burt Hibbard of Lima, lieutenant, M. O. R. C., now "somewhere in France," says that in November he began to organize and equip the first United States hospital train over there. His train is a model hospital on wheels, being 900 feet long and consisting of 13 coaches. The hospital contains

storage, electric lighting facilities, kitchen and dining rooms, offices for clerks, sleeping accommodations for 126 patients aside from sleeping quarters of the personnel and a car completely equipped as an operating room.

Drs. L. H. Russell and William C. Russell, former interns at Mt. Carmel Hospital, Columbus, are with the Field Hospital Corps at Camp Sherman. The latter was house physician at Massillon State Hospital at the time of enlisting. Their father was the late Dr. John E. Russell of Mt. Vernon and their great-great-grandfather was Dr. John W. Russell, Ohio's first surgeon.

Major John R. McDowell, formerly chief of the division of public health education and tuberculosis in the State Department of Health, is director of ambulance companies at Camp Sherman.

Dr. J. R. Bolles, Holgate, captain, M. O. R. C., is stationed at Camp Taylor, Kentucky.

Dr. O. H. Sellenings of Columbus, who went to France several months ago to enter child welfare work, has been active in the work of the Children's Bureau of the American Red Cross in Paris. The department of Civil Affairs of the American Red Cross in France was instituted in June and consists of six administrative bureaus. From a single definite undertaking of shelter for refugee children the department of Civil Affairs has grown to include regular work under its direct charge in 63 towns and cities besides Paris, and it is extending aid to relief and health activities in hundreds of cities, villages and hamlets through other agencies. Beside five hospitals with a combined capacity of 872 beds, of which 452 are for children and 420 for tubercular patients, the department of Civil Affairs operates numerous small hospitals, maternity hospitals and dispensaries in the vicinity of Paris. In March a 300-bed sanatorium for the treatment of tuberculosis was opened by the Red Cross near Paris. An important part of the work in which Dr. Sellenings has been interested is the medical examination of children arriving in convoys. Since the establishment of the service in November 13,708 children have been examined and 376 treated in a hospital at Evian for acute and contagious diseases.

Dr. Clarence Berger of Toledo, surgeon, U. S. N. R. F., has been transferred from the U. S. S. Massachusetts to the Naval Hospital at Newport, Rhode Island.

Dr. George C. Schaeffer of Columbus, major, M. O. R. C., has gone to France for service in an American hospital. Major Schaeffer was on

duty at the Columbus Barracks for eight months. He was later sent to Philadelphia and then to Fort McHenry, Baltimore, from where he was ordered abroad.

Dr. Daniel W. Davis of Wellston, M. O. R. C., has been promoted to the rank of captain. He is stationed at Camp Zachary Taylor, Kentucky.

When large bodies of American troops have gone into battle on the western front it will be interesting to note how Yankee "nerve" and nerves behave under the strain. While there need be no apprehension about Yankee "nerve," the question of nerves may prove serious. Practically every other country engaged in the conflict has had to combat the problem of war nerves, and large numbers of cases of mental disorders, functional and organic, have made necessary the presence of physicians skilled in the treatment of mental cases, who now form part of the rapidly growing neuropsychiatric service. Strange and baffling nervous and mental conditions have occurred among the stolid Russian troops, among the dogged Britishers and the more temperamental French and Italians as well as the phlegmatic Germans. Of the total number of soldiers invalided to Canada, 10 per cent. have been nervous and mental cases.

Dr. Harold C. Messenger of Xenia, lieutenant, M. O. R. C., has been assigned to duty at Camp Greenleaf, Georgia.

To bring to the sick or convalescent soldier and sailor the brightness and cheer that he needs for his quick recovery, the National War Work Council of the Y. M. C. A. has announced an agreement into which it has entered with the American Red Cross whereby the Young Men's Christian Association places its entire programme of social, recreational, educational and religious activities at the disposal of the Red Cross in Army and Navy base hospitals of the United States. Plans are being perfected for the erection by the Red Cross of what will be known as convalescent-houses at each Army and Navy base hospital and general hospital in every big cantonment and military center in the country, and a number of Y. M. C. A. workers will be detailed to carry on the work under the direction of the Red Cross.

Dr. F. E. Bunts of Cleveland, major, M. O. R. C., is in charge of the base hospital at Camp Travis, San Antonio, Texas.

Dr. W. W. Sauer of Marietta, lieutenant, M. O. R. C., has been assigned to duty as an ophthalmic surgeon in the medical research laboratory at Hazelhurst Field, Aviation Section Signal Corps, Mineola, Long Island. Captain A. J.

Swezey of Iowa has assumed charge of his practice during his absence.

Dr. W. B. Hubbell of Elyria, captain, M. O. R. C., has reported for duty at Camp Greenleaf, Fort Oglethorpe, Georgia.

Dr. Willard C. Stoner of Cleveland, M. O. R. C., is organizing a medical unit at Camp Sherman, preparatory to overseas duty. Dr. Stoner was recently promoted from the rank of captain to that of major.

Dr. F. R. Dew of Belle Valley, M. O. R. C., is in France with the 127th Ambulance Company.

Special precautions have been taken to prevent the spread of trachoma among American soldiers. An examination of each soldier is made by experts trained in the diagnosis of trachoma and if evidence of the disease is found the men are kept under treatment until it is cleared up. In all other wars trachoma (once known as "military ophthalmia"), has been a grave menace to the efficiency of the fighting forces. During the first half of the nineteenth century one soldier in every five of the Belgian army is said to have suffered from the disease. At various times the English, German and Russian armies have been ravaged by it, while during the Russo-Japanese war trachoma was a formidable enemy in the Japanese army. A breakout of the disease in the French army during the present war, due to African soldiers and laborers, caused apprehension for a time, but was checked by quick isolation of all victims and other drastic measures.

Relatives of Dr. Henry Graefe, Jr., lieutenant, M. O. R. C., Sandusky, have been notified of his safe arrival in France. He is attached to Base Hospital Unit No. 1, which is made up largely of graduates of Bellevue Hospital, New York.

Dr. J. H. French of Jeffersonville has been called to duty at Camp McAllister. Dr. E. O. Ervin of New Holland has assumed charge of Dr. French's practice.

Ohio, Indiana and Kentucky are expected to furnish 500 nurses, or one-tenth of the 5,000 required by June 1, according to a Red Cross announcement made recently. Group enlisting is being promoted to make nursing services more attractive to those who wish to keep up associations with those with whom they have been accustomed to work.

Dr. Guy H. Swan of Bellefontaine has been transferred from Pittsburg, where he has been taking special X-ray work, to Philadelphia to be-

come a member of the Jefferson Unit, United States Base Hospital. Dr. Robert Platt, also of Bellefontaine, has been with the Jefferson Unit since last August.

Dr. Bryce of Amherst reported, April 1, at the Mayo Clinic, Rochester, Minnesota, for special training in surgery.

Dr. Gilbert W. Brehm of Columbus, an instructor in the College of Medicine at Ohio State University, stationed lately at Camp Greenleaf, Fort Oglethorpe, Georgia, has been promoted to the rank of major in the Medical Officers' Reserve Corps. He is the seventh member of the university faculty to receive the commission of major.

Dr. A. C. Bachmeyer, captain, M. O. R. C., superintendent of Cincinnati General Hospital, left, March 24, for Mineola, Long Island, to begin work with the aviation section signal corps. He is on leave of absence from the hospital.

According to Dr. J. H. Harvey of Toledo, captain, M. O. R. C., the base hospital at Camp Grant, Illinois, consists of 55 buildings, connected by corridors. A new addition of 600 beds is now under construction which will make the total capacity 1,836. One of the attractions is a base hospital medical society, which meets weekly with regimental surgeons as guests.

Dr. H. H. Snively, major, M. R. C., who is in charge of four field hospitals at Camp Sheridan, Alabama, recently spent a ten-day furlough at his Columbus home.

Dr. Harry S. Hayes of Whitehouse, captain, M. O. R. C., has gone to Camp Greene, Charlotte, North Carolina, for duty in the base hospital. There are 50 medical officers there.

Need 100 Women Bacteriologists

There is need for about 100 women bacteriologists to take the place of men in the cantonment laboratories, the Surgeon General's Office of the United States Army announces. The service of the men is demanded for the hospital units which are going abroad and their places at the home cantonments are to be filled by women. Applications are arriving from all the camps, some asking for as many as nine women.

A good practical knowledge of clinical pathology and diagnostic bacteriology is required for the work. The present salary is \$720 with maintenance and \$1,200 without, with transportation furnished by the government. Applications may be made to Office of the Surgeon General, Washington, D. C.

Recent Orders Issued to Ohio Physicians in Service

To Army Medical School, Washington, D. C.—Lieutenants E. C. Goldcamp, Ironton; R. J. Judkins, Barnesville; E. P. Neary, Cleveland; T. F. Higgins, Toledo; A. R. Edwards, Chatfield; B. H. Melians, Cincinnati; R. H. Mouser, Latty; W. F. Gaine, Willoughby.

To Boston, Massachusetts—Lieutenant J. D. Kessler, Columbus.

To Brooklyn, New York—Lieutenant C. H. Skeen, Senecaville.

To Camp Beauregard, Alexandria, Louisiana—Lieutenant Paul A. Murr, Galion.

To Camp Custer, Battle Creek, Michigan. Camp Grant, Rockford, Illinois, and Camp Zachary Taylor, Louisville, Kentucky—Major Alfred Friedlander, Cincinnati.

To Camp Devens, Ayer, Massachusetts—Lieutenant I. W. Mayberry, Scott Town.

To Camp Dix, Wrightstown, New Jersey—Lieutenants C. H. Hamma, Springfield; H. E. Woodbury, Akron; L. A. Mitchell, Newark; A. N. Smith, Upper Sandusky.

To Camp Gordon, Atlanta, Georgia—Captain A. T. Cole, Cincinnati; Lieutenant C. R. Deeds, Dalton.

To Camp Grant, Rockford, Illinois—Lieutenants C. E. Beaman, A. R. Knauf, Cincinnati; Captain C. E. Pfeifer, Columbus.

To Camp Greene, Charlotte, South Carolina—Lieutenant S. L. Allen, Zanesville; Captain H. S. Hayes, Whitehouse.

To Camp Hancock, Augusta, Georgia—Lieutenants L. R. Carr, Prairie Depot; Jesse Grim, Akron.

To Camp Jackson, Columbia, South Carolina—Lieutenants J. H. Ramey, Rock Camp; E. R. Shaffer, Columbus.

To Camp Lee, Petersburg, Virginia—Lieutenant R. A. Thornton, Columbus; Captain Rufus Southworth, Glendale.

To Camp MacArthur, Waco, Texas—Lieutenant A. W. Carley, Dayton.

To Camp McClellan, Annistown, Alabama—Lieutenants H. F. Koppe, Logan; L. E. Luehrs, Cincinnati.

To Camp Meade, Annapolis Junction, Maryland—Major F. D. Ferneau, Toledo.

To Camp Pike, Little Rock, Arkansas—Captain C. C. Williams, Niles.

To Cincinnati, Ohio—Major R. D. Maddox, Cincinnati; Lieutenant L. N. Lindenberger, Cincinnati.

To Camp Shelby, Hattiesburg, Mississippi—Lieutenant J. H. Warren, Columbus.

To Camp Sherman, Chillicothe, Ohio—Lieutenant H. M. Metcalf, Elyria; Captains J. A. Caldwell, Cincinnati; R. W. Williams, Cleveland.

To Camp Taylor, Louisville, Kentucky—Lieutenants G. A. Gorsuch, Bowling Green; C. C. Shearer, Cincinnati; Captain I. I. Yoder, Cleveland.

To Camp Upton, Long Island, New York—Major Robert Conrad, Blanchester.

To Cleveland, Ohio—Captain H. G. Sloan, Cleveland.

To Columbus Barracks—Lieutenant E. T. Skeels, Akron.

To Dallas, Texas—Lieutenant J. Craig Bowman, Upper Sandusky; Captain L. R. Fast, Paulding.

To Edgewood, Maryland—Lieutenant H. R. Neeland, Akron.

To Fort Bliss, Texas—Lieutenant James A. Belyea, Toledo.

To Fort McHenry, Maryland—Lieutenant J. H. Buff, Cincinnati.

To Fort McPherson, Georgia—Lieutenant W. S. Nichols, Cleveland; Major Joseph L. Ransohoff, Cincinnati.

To Fort Oglethorpe, Georgia—Lieutenants R. E. Amos, Akron; H. A. Rodenbaugh, Barberton; W. H. Carey, Bellefontaine; C. L. Harding, Bellevue; H. E. Gibson, Blanchester; J. S. Steiner, Bluffton; J. E. Thompson, Bristolville; J. W. Long, Bryan; C. P. Sullivan, Burkettsville; J. L. Todd, Canton; J. B. Falk, R. E. Gaston, D. C. Handley, L. W. Heizer, A. P. Hofmann, A. R. Johnston, N. B. Keller, E. R. McGrath, N. F. Taylor, Cincinnati; J. T. Boykin, P. C. Gauchat, J. R. Moore, Herman Shube, F. F. Haas, C. F. G. Norlin, L. R. Ravitz, A. A. Southwick, R. L. Thomas, Cleveland; J. C. Keiser, J. A. Turner, E. C. Wood, Columbus; N. H. McNeerney, Corning; J. G. Smailes, Coshocton; R. R. Harris, Crestline; V. B. Weller, Delaware; A. W. Balsley, Findlay; W. A. Lieser, Fort Recovery; J. H. Norrick, Frederickstown; W. R. Deemer, Fremont; J. B. McHenry, Hanoverton; F. M. Houghtaling, A. F. Kuhl, Huron; O. H. Henninger, Ironton; R. C. Schuette, Kenton; J. D. Wakefield, Loveland; S. E. Findley, Todd Caris, Mansfield; R. W. Comstock, Maumee; C. P. Krohn, Morrow; H. O. Whitaker, New Burlington; J. W. Reese, New London; R. A. Pease, North Ridgeville; O. J. Owens, Ottawa; Orlyn Wiseman, Pedro; G. W. Lewis, Pierpont; C. H. Dawson, Portsmouth; W. J. Francis, Kalida; P. F. Southwick, Sandusky; J. C. Berry, Shady-side; S. W. Saxton, Steubenville; S. S. Beverly, J. W. Salisbury, Toledo; A. N. Smith, Upper Sandusky; W. C. Roller, Willshire; F. E. Reed, Wren; H. C. Messenger, Xenia; Captains F. W. Roush, Dayton; J. M. Firmin, Findlay; W. B. Hubbell, Elyria; W. W. McMillan, Marietta; H. S. Noble, St. Marys; S. D. Foster, D. C. Moor, Toledo; S. P. Sellers, Zanesville; Major Roger S. Morris, Cincinnati.

To Fort Riley, Kansas—Lieutenants C. F. Wharton, Akron; W. J. Topmoeller, Cincinnati; O. E. Townsend, Cleveland; F. H. Miller, Grand Valley; J. C. George, Dayton; A. H. Hixson,

Johnstown; S. J. Havre, Kenmore; Captains F. E. Cutler, E. R. Brooks, Cleveland.

To *Fort Worth, Texas*—Lieutenant E. G. Schwartz, Cleveland.

To *Fairfield, Ohio*—Lieutenants J. W. Allbritain, K. A. Clouse, Columbus.

To *Garden City, Long Island, New York*—Lieutenants F. S. Van Dyke, Columbus; G. W. Manning, Kelley's Island.

To *Hampton, Virginia*—Lieutenant R. McQ. Andre, Springfield.

To *Hoboken, New Jersey*—Lieutenant J. C. Wetherill, Weston; Major G. C. Schaeffer, Columbus.

To *Houston, Texas*—Lieutenant F. T. Gallen, Columbus.

To *Lake Charles, Louisiana*—Lieutenant J. C. Martin, New Concord.

To *Mineola, Long Island, New York*—Captain A. C. Bachmeyer, Cincinnati; Lieutenant W. W. Sauer, Marietta.

To *New Orleans, Louisiana*—Lieutenant Z. O. Sherwood, Geneva.

To *Newport News, Virginia*—Lieutenants E. J. Braun, Youngstown; L. D. Miller, Toledo; Captains C. C. Crosby, Ashtabula; Thomas Foster, Wooster.

To *New York City*—Lieutenants F. T. Miles, Salem; J. E. Stewart, Akron; Henry Snow, Jr., Norwood; Captain N. M. Jones, Cleveland; Lieutenants F. A. Lawrence, Elyria; J. D. Boylan, Milford Center; J. R. Davis, Painesville; J. B. Rudolphy, Barberton; A. F. Snell, Jr., Cincinnati; E. M. Bachman, Maurice Richardson, Cleveland; Captain Benjamin F. Lehman, Cincinnati.

To *Philadelphia, Pennsylvania*—Lieutenant Guy Swan, Bellefontaine.

To *Rochester, Minnesota*—Lieutenant Bryce A. Miller, Amherst.

To *Waco, Texas*—Lieutenants E. D. Allen, Crooksville; W. E. Dapp, Youngstown.

To *Walter Reed General Hospital, Takoma Park, D. C.*—Captain C. L. Storey, Oberlin.

To *Washington, D. C.*—Lieutenant C. A. S. Williams, Marietta.

To *Williamsbridge, New York*—Lieutenant J. H. Nichols, Columbus.

To *the Inactive List*—Captain P. J. Collander, Ashtabula Harbor.

Honorably discharged on account of physical disability—Lieutenants D. R. Kline, J. T. Suggs, H. C. Prill, Cleveland; Lieutenant J. G. Ballou, Graytown; Byron Bing, Pomeroy; Captains A. J. Brainard, Cleveland; H. W. Shaw, Junction City; G. R. Clayton, Lima; M. O. Phillips, Fremont; H. T. Miller, Springfield.

Resigned—Lieutenant G. R. Wiseman, Amherst.

BOOKS RECEIVED

System of Ophthalmic Practice, edited by Walter L. Pyle, A. M., M. D., Philadelphia, and *Medical Ophthalmology*, by Arnold Knapp, M. D., professor of Ophthalmology, Columbia University. With thirty-two illustrations. P. Blakiston's Son and Company, Philadelphia. Price \$4.00 net.

Diseases of the Digestive Organs, with special reference to their diagnosis and treatment, by Charles D. Aaron, Sc. D., M. D., Professor of Gastroenterology in the Detroit College of Medicine and Surgery; Consulting Gastroenterologist to Harper Hospital. Illustrated with 156 engravings, 48 roentgenograms, and 9 colored plates. Lea and Febiger, Philadelphia and New York. Price \$7.00.

Medical War Manual, No. 3. Military Ophthalmic Surgery, by Allen Greenwood, M. D., G. E. de Schweinitz, M. D., and Walter R. Parker, M. M. Lea & Febiger. Price \$1.50.

Medical War Manual No. 4. Military Orthopaedic Surgery. Prepared by the Orthopaedic Council. Lea & Febiger. Philadelphia and New York. Price \$1.50.

The Surgical Clinics of Chicago, Volume I, Number VI (December, 1917). Index Number Octavo 245 pages 89, illustrations. Philadelphia and London: W. B. Saunders Company, published bi-monthly. Price per year: Paper, \$10.00; Cloth, \$14.00.

The Medical Clinics of North America, Volume I, Number III (The New York Number, November, 1917). Octavo of 346 pages, 37 illustrations. Philadelphia and London: W. B. Saunders Company, published bi-monthly. Price per year: Paper, \$10.00; Cloth, \$14.00.

Typhoid Fever, Considered as a problem of scientific medicine, by Frederick P. Gay, professor of Pathology in the University of California. The Macmillan Company, New York. Price \$2.50.

Volume VII of Practical Medicine Series, 1917. Obstetrics, edited by Joseph B. DeLee, A.M., M.D., with the collaboration of Eugene ary, B. S., M.D. The Year Book Publishers, Chicago. Price, \$1.35.

Physician's Visiting List for 1918 Lindsay & Blakiston's for 25 patients per day or week. Price, \$1.25. B. Blakiston's Son & Co., Philadelphia.

Impotence and Sterility, with Aberrations of the Sexual function and Sex-Gland Implantation, by C. Frank Lydston, M.D., D. C. L. Riverton Press, Chicago. Price, \$4.00, by subscription only.

THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

ADAMS COUNTY
 Crawford, Treher C. *West Union*
 Ellison, S. J. *West Union*
 Kennedy, Edwin J. *Peebles*
 Irwin, J. W. *Seaman*
 Irwin, R. W. E. *Manchester*
 Sproull, O. T. *West Union*

ALLEN COUNTY
Lima
 Basinger, H. L.
 Black, William
 Bradfield, T. C.
 Chenoweth, O. E.
 Hay, Virgil H.
 Herr, Albert H.
 Hibbard, Burt
 Johnson, J. R.
 Jones, Arthur L.
 Gamble, Charles D.
 Miller, G. E.
 Soash, M. D.
 Steiner, Josiah S.
 Wolfe, John R.
 King, G. W.
 Longworth, M. J.
 Pfeiffer, Albert
 Sihert, A. V.
 Sinke, E. D.
 Tallman, Claude A.
 Vorhau, W. H.
 Wagner, M. A.
 Weadock, E. G.
 *Spencerville*
 *Spencerville*
 *Bluffton*
 *Bluffton*
 *Delphos*

ASHLAND COUNTY
Ashland
 Ash, Ray C.
 Mohn, D. C.
 Heyde, Jacob M.
 Patton, C. C.
 Powell, Otho J.
 *Londonville*

ASHTABULA COUNTY
Ashtabula
 Burroughs, S. H.
 Collander, Paul,
 Crosby, Charles C.
 Pardee, A. H.
 Stewart, Neville E.
 Wynkoop, R. B.
Conneaut
 Leet, W. H.
 Warner, Otto N.
 Watson, F. L.
 Wilson, Harold
 *Jefferson*
 *Kinsville*
 *Pierpont*
 *Geneva*
 *Geneva*

ATHENS COUNTY
Athens
 Andrews, C. H.
 Crawley, J. R.
 Douthitt, C. M.
 Farmer, A. G.
 Hooper, E. L.
 LeRoy, Bernard R.
 Merwin, J. T.
 Osborn, F. A.
 Crossen, K. T.
 Danford, V. G.
 Flinn, George E.
 Harper, E. D.
 McLaughlin, P. R.
 Pedigo, S. E. G.
 Sprague, Wiley T.
 *Albany*
 *Trimble*
 *Amesville*
 *Guysville*
 *Guysville*
 *Marshfield*
 *Chauncey*

AUGLAIZE COUNTY
 Anderson, W. M.
 Day, J. M.
 Deerhake, W. A.
 Haveman, George A.
 Mueller, C. L.
 Noble, Harry Spencer.
 *Wapakoneta*
 *Waynesfield*
 *St. Marys*
 *New Bremen*
 *Wapakoneta*
 *St. Marys*

BELMONT COUNTY
 Barrett, Park M.
 Evans, Forest M.
 Judkins, R. J.
 Perry, J. C.
 Wilson, Harry E.
 Wright, Fred S.
 *St. Clairsville*
 *Bellaire*
 *Barnesville*
 *Shadyside*
 *Martins Ferry*
 *Bellaire*

BROWN COUNTY
 Chaney, Herbert M.
 Jackson, E. H.
 Tyler, George P., Jr.
 *Sardinia*
 *Georgetown*
 *Ripley*

BUTLER COUNTY
Hamilton
 Graft, John A.
 Griffith, W. E.
 Beach, Wilbur E.
 Burdsal, R. E.
 Hawley, Paul R.
 Murat, Halstead S.
 Wilke, A. B.
 Rogers, W. N.
 Smedley, C. D.
 *Somerville*
 *Seven Mile*
 *College Corner*
 *Middletown*
 *Oxford*

CARROLL COUNTY
 Hathaway, J. J.
 Rheil, J. A.
 Shipley, R. T.
 *Carrollton*
 *Malvern*
 *Carrollton*

CHAMPAIGN COUNTY
 Harrell, Martin E.
 Middleton, A. H.
 Pearce, H. M.
 Smith, M. L.
 *Woodstock*
 *Cable*
 *Urbana*
 *Urbana*

CLARK COUNTY
Springfield
 Andre, Robert M.
 Hamma, C. B.
 Link, J. A.
 Miller, Harry
 Ort, Wallace A.
 Rind, Robert C.
 Syman, L. L.

CLERMONT COUNTY
 Kennedy, Edw. J.
 Mitchell, Thomas A.
 Roberts, David M.
 Terwilligar, Clyde B.
 Wakefield, J. D.
 *Milford*
 *Owensville*
 *New Richmond*
 *Milford*
 *Loveland*

CLINTON COUNTY
 Brown, Henry M.
 Conard, Robert
 Hicks, W. M.
 Martin, A. B.
 Scott, Verner T.
 *New Vienna*
 *Blanchester*
 *New Vienna*
 *Blanchester*
 *Clarksburg*

COLUMBIANA COUNTY
Leetonia
 Crane, James D.
 Conrad, S. A.
 Cruikshank, Alexander
 John, Henry J.
 McGeorge, James M.
 Andrews, O. P.
 Bailey, C. H.
 Bennett, H. W.
 McCutcheon, M. D.
 McHenry, Joseph B.
 Mellon, J. A.
 Harman, Howard E.
 Hennen, Leroy S.
 Miles, F. T.
 Thompson, R. B.
 Yaggi, H. K.
 *East Liverpool*
 *East Liverpool*
 *Lisbon*
 *East Liverpool*
 *Hanoverton*
 *Columbiana*

COSHOCTON COUNTY
 Cureton, B. F.
 Keenan, W. H.
 Lower, J. D.
 Wilson, Thomas R.
 *Walhonding*
 *Coshocton*
 *Coshocton*
 *Bakersville*

CRAWFORD COUNTY
Bucyrus
 Burrell, G. O.
 Carlisle, W. G.
 Caton, Russel J.
 Helfrich, M. L.
 Kring, John B.
 Harris, Ralph R.
 Gordon, Harold J.
 Koch, W. A.
 Lingenfelter, C. A.
 Mandeville, C. C.
 Murr, Paul A.
 *Crestline*

CUYAHOGA COUNTY
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 Aland, Albert H.
 Allen, Maurice L.
 Andrews, Fred L.
 Avellone, Joseph C.
 Bachman, Ulysses M.
 Ballard, Homer C.
 Barney, William R.
 Beach, John L.
 Bell, Leo P.
 Blankenhorn, M. A.
 Bogart, Clark S.
 Boutwell, Joseph H.
 Bowers, Charles A.
 Boykin, John T.
 Brainard, Albert J.
 Bray, Charles M.
 Brock, Samuel
 Brooks, Ernest R.
 Bruner, William E.
 Buhis, Jacob L.
 Burhans, Charles W.
 Burstein, Theodore
 Bunts, F. E.
 Callaghan, A. E.
 Carson, Paul C.
 Chamberlain, Wilson S.
 Champlin, H. D.
 Christie, C. D.
 Clarke, Robert
 Colvin, Byron B.
 Cook, Alva D.
 Cooper, Frederick S.
 Cranmer, Iinus R.
 Crawford, M. L.
 Crile, George W.
 Crooks, John H.
 Crum, John R.
 Culer, Frederick A.
 Cutler, Franklin E.
 Darby, John C.
 Davidson, Paul F.
 Davis, Howard H.
 Denison, Adam B.
 Dexter, Richard
 Dippol, Arthur L.
 Dows, Edward D.
 Driver, James R.
 Dwyer, William E.
 Eisenbrey, A. B.
 Euler, E. A.
 Feiss, Henry O.
 Filak, John A.
 Finch, F. F.
 Forbes, Roy P.
 Fried, Amos E.
 Gauchat, Paul C.
 Graci, Frank P.
 Gibson, Frank S.
 Gill, William C.
 Glass, George F.
 Goodman, Charles
 Goodman, Isadore J.
 Guschantz, P. C.
 Graham, Allen
 Grossman, A. B.
 Grossman, Royal G.
 Haas, Ferdinand F.
 Haebele, George L.
 Harmon, G. E.
 Harrison, B. I.
 Harter, James H.
 Heabler, Locke E.
 Herrick, Frederick C.
 Herrick, H. Burt
 Hickin, F. W.
 Hill, Walter C.

THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

Hinton, Drury
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Horr, William H.
Jackson, Theron S.
Jasinski, I. E.
Jones, Albert L.
Jones, Arthur S.
Jones, Frank H., Jr.
Jones, N. M.
Jones, Thomas E.
Karsner, Howard
Kelly, S. W.
Kendall, P. G.
Kennerdell, Thomas R.
Kline, David R.
Kramer, James G.
Krauss, L. W.
Krebs, Paul H.
LaRocco, Charles G.
Leonard, Walter M.
Lichtig, Henry A.
Linden, J. E.
Lower, William E.
Lowry, W. P.
MacDonald, D. M.
MacFarland, C. H., Jr.
Mahrer, Max
Manning, W. J.
Marine, David
Matuska, Ignatius W.
Mayer, Nevyn C.
McClelland, Joseph E.
McCleery, John M.
McGav, N. P.
McMillen,
McNamee, Edgar P.
McRae, Floyd W., Jr.
Meek, John A.
Merrill, Leslie S.
Miller, Joseph E.
Monihan, J. R.
Moore, Paul G.
Morrill, Gordon N.
Mosiman, Roscoe E.
Mowry, Floyd S.
Mulky, Carl
Murphy, Patrick S.
Musner, Harvey H.
Neary, Edward P.
Neitz, Eugene P.
Neubauer, Bernard B.
Nichols, William S.
Nonnier, Charles C.
Norlin, Campbell F. G.
Norton, James T.
O'Brien, Martin A.
O'Malley, George P.
Osario, Vasco E. M.
Ossman, Lawrence N.
Osmond, John D.
Oster, Lewis A.
Paryzek, Harry
Paul, Leslie I.
Pearce, Roy G.
Perkins, Roger G.

Piercy, Harry D.
Pilcher, James D.
Placak, J. C.
Prill, Henry C.
Prichard, H. D.
Quigley, William J.
Ravitz, Leonard R.
Raycraft, L. J.
Reese, David L.
Reeve, George H.
Reich, Rudolph S.
Rice, Franklyn A.
Richardson, Maurice L.
Robertson, Arthur E.
Robinson, Andrew S.
Robinson, Elan T.
Rohland, William F.
Rogers, W. B.
Rub, Harold O.
Sanford, H. L.
Savage, Hugh J.
Schlink, Henry A.
Schoolfield, E. C.
Schwarz, Edwin G.
Shale, R. J.
Sheets, Lorin G.
Sherman, H. G.
Sherry, Leroy B.
Shube, Herman
Shupe, T. P.
Sill, Ralph H.
Skeel, R. E.
Sloan, Harry G.
Smith, John R.
Southwick, A. A.
Spurney, Anton B.
Steel, John M.
Steiner, Edward
Stifel, Richard E.
Stone, Alvin A.
Stone, Charles W.
Stoner, W. C.
Stotter, A. L.
Strauss, Abraham
Taylor, Lester
Thomas, Meethyn
Thompson, Raymond L.
Tippie, John W.
Townsend, Oscar E.
Treister, C. D.
Tucker, J. P.
Ulrich, Joseph M.
Updegraff, R. K.
Venable, Sidney C.
Wagner, Harold F.
Wahl, Harry
Walker, Thomas E.
Ward, Harry H.
Weihrach, H. V.
West, J. Hubert
Williams, R. W.
Wolf, E. E.
Wychgel, James N.
Yoder, I. J.
Zinner, Nicholas L.

Breck, Theodore Brecksville
McClain, Alvah S. Lakewood
Thompson, Ralph B. Solon
Wakefield, E. F. Chagrin Falls

DARKE COUNTY

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Husted, E. G. Greenville
Sarver, A. F. Greenville
Sullivan, Charles P. Burkettsville
VanLue, J. W. Gettysburg

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Cass, James W. Farmer
Kettredge, M. R. Evansport
Stephen, Joseph E. Jewell

DELAWARE COUNTY

Day, Charles A. Ashley
Miller, Floyd V. Delaware
Postle, Franklin D. Delaware
Robinson, G. E. Ostrander
Weller, V. B. Delaware

ERIE COUNTY

Fenker, William T. Sandusky
Graefe, Henry, Jr. Sarchet, Hugo N.
Lebliec, F. J. Southwick, P. F.
Houghtaling, F. M. Huron
Humphreys, Daniel W. Cedar Point
Manning, George W. Kelleys Island

FAIRFIELD COUNTY

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Hamilton, C. H. Silbaugh, John J.
Brown, Carl W. Bremen
Coleman, William R. Sugar Grove
Fishe, C. R. Thurston
Hoster, R. S. Amanda
Lutz, Fred A. Amanda

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Baughn, Harry A. Hodson, Herman O.
French, John H. Howell, Luther P.
Hall, Fred E.

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Columbus

Adams, Richard O. Markwith, R. E.
Adel, E. E. Maxwell, Charles L.
Albanese, N. A. McCafferty, Lawrence
Alcorn, John B. McCampbell, E. F.
Allbritain, James W. McClelland, C. E.
Boucher, H. E. McDowell, John R.
Bausch, Robert P. McKay, Walter H.
Boudreau, F. G. McMerney, Joseph D.
Brehm, G. W. Means, Jack
Brooks, H. E. Millhon, W. F.
Burkett, Dora V. Morgan, W. H.
Clouse, K. A. Moynan, R. S.
Davis, P. A. Oelgoetz, A. W.
Dawson, Dudley T. Osborn, Morse F.
Denser, Clarence H. Owen, G. F.
Dodd, Verne A. Pfeiffer, C. E.
Duffee, W. E. Postle, C. D.
Dunn, J. M. Postle, H. V.
Dysart, N. C. Reel, Phillip
Eckstorm, J. B. C. Roach, Charles J.
Edelman, Samuel D. Russell, Lecky H.
Edwards, J. C. Schaeffer, G. C.
Elder, R. P. Scheib, John P.
Faulder, George B. Seeds, A. H.
Forman, J. Sellenings, Oscar H.
Gallen, F. T. Shaffer, Edwin F.
Gilliam, D. B. Shaffer, Elgie R.
Goodman, S. J. Sharp, C. E.
Gordon, Elijah J. Sheetz, J. W.
Grosvenor, Fred B. Shoemaker, Abram J.
Hamilton, Charles S. Small, Victor R.
Haney, Forest C. Smith, Edward E.
Hauer, A. M. Smith, C. T.
Hindman, Samuel Snively, Harry H.
Hixson, A. H. Strausbaugh, H. D.
Hoskins, G. O. Sullivan, Timothy J.
Hugger, C. C. Taylor, W. N.
Johnson, Romeo A. Thornton, R. A.
Jolley, Roy F. Turner, J. A.
Jones, Daniel W. Van Dyke, Frank S.
Jones, E. B. Vornholt, M. T.
Jones, W. I. Warren, J. H.
Junkermann, Edgar N. Warren, John R.
Keiser, Jay G. Wells, C. H.
Kerschner, J. E. Wilcox, S. S.
Kessler, John Williams, Fred
Lawrence, F. F. Wilson, Philip D.
Lawrence, Gerald P. Winders, Frank
Lehman, Charles E. Wright, H. R.
Lehner, Charles S. Wood, E. C.
Ludwig, E. C.

Postle, Robert S. Shepard
Renner, John W. Hilliards

FULTON COUNTY

Evers, William Tedrow
Hartmann, Carl F. Wauseon
Maddox, W. H. Wauseon
Murbach, Clarence F. Archbold
Renolds, Ralph W. Fayette
Stewart, N. E. Wauseon
Wilkins, Archibald M. Delta

GALLIA COUNTY

Barth, Karl H. Gallipolis
Clark, John W. Vinon
Rose, E. J. Gallipolis

GEAUGA COUNTY

Bohm, A. E. Montville
Myler, T. F. Burton
Williams, A. D. Huntsburg

GREENE COUNTY

Darnell, William T. Xenia
McClellan, Ben R. Shields, L.
Messenger, H. C.

THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

Farmer, Alfred G. _____ *Fairfield*
 Smith, Simpson A. _____ *Cedarville*
 Whitaker, Harry O. _____ *New Burlington*

GUERNSEY COUNTY
 Danford, V. H. _____ *Byesville*
 Kackley, Ellis D. _____ *Cumberland*
 Lane, Fred W. _____ *Cambridge*
 Skeen, Carroll H. _____ *Seneca*

HAMILTON COUNTY Cincinnati

Applegate, Matthew M. _____
 Bachmeyer, Arthur C. _____
 Bader, Ellis _____
 Baker, E. B. _____
 Baehr, E. M. _____
 Beaman, Charles W. _____
 Benjamin, Julian _____
 Bentley, James M. _____
 Betzner, C. W. _____
 Biern, Oscar B. _____
 Brown, Herbert A. _____
 Brummett, J. S. _____
 Buff, Julian H. _____
 Byrne, John F. _____
 Caldwell, J. A. _____
 Carothers, Ralph _____
 Carroll, Harry R. _____
 Cole, A. P. _____
 Coleman, David H. _____
 Colter, Philip _____
 Cragg, Harry C. _____
 Crawford, Clay _____
 Cristen, T. A. _____
 Cross, Frank B. _____
 Cullen, William C. _____
 DeNeen, D. D. _____
 Devers, Albert B. _____
 DeVita, Michael R. _____
 Dryer, Charles S. _____
 Dunton, A. H. _____
 Ervin, Charles K. _____
 Fayen, Emmet _____
 Feid, Louis, Jr. _____
 Fennel, Eric A. _____
 Foertmeyer, W. A. _____
 Ford, Starr _____
 Francis, Robin W. C. _____
 Freiberg, A. H. _____
 Friedlander, Alfred O. _____
 Freyhof, William L. _____
 Gath, Phillip _____
 Geringer, Albert O. _____
 Gieseler, R. J. _____
 Gillespie, William _____
 Gaston, Raymond E. _____
 Gray, Edward B. _____
 Hagen, J. Stewart _____
 Hale, Claude E. _____
 Hall, Joseph A. _____
 Handley, Daniel C. _____
 Hardinger, Ralph W. _____
 Hauser, Selmar _____
 Hendley, Frank W. _____
 Heizer, Lewis W. _____
 Hendley, Frank W. _____
 Hofmann, A. P. _____
 Hofmann, J. N. _____
 Holmes, C. R. _____
 Hunter, George G. _____
 Johns, Barron _____
 Johnston, A. R. _____
 Juettner, Otto _____
 Keller, N. H. _____
 Kelley, Thomas _____
 Kiely, C. E. _____
 King, Edward _____
 Koch, Arthur E. _____
 Knauf, Arthur R. _____
 Kuch, Edward _____
 Lamb, Benjamin _____
 Layport, William L. _____
 Lee, Duke _____
 Cadwallader, I. C. _____ *Norwood*
 Carr, Alvin H. _____ *Reading*
 Klein, Elmer A. _____ *Norwood*
 Snider, Frank E. _____ *Madisonville*
 Snow, Henry _____ *Norwood*
 Swing, Fred _____ *Harrison*
 Tate, Ralph B. _____ *Harrison*

HANCOCK COUNTY Findlay

Balsley, Alfred W. _____
 Cooper, Elwin H. _____
 Firmin, John M. _____
 Hartman, John V. _____
 Todd, C. D. _____ *McComb*

Keator, Warren B. _____
 Pennington, P. C. _____
 Van Horn, A. M. _____

HARDIN COUNTY Kenton

Belt, LeRoy L. _____
 Nourse, John D. _____
 Snodgrass, Frank B. _____
 Phillips, D. P., Jr. _____
 Schutte, R. G. _____
 Crum, John R. _____ *Forest*
 Evans, Roy K. _____ *McGuffey*
 Lynch, Elmer E. _____ *Mt. Victory*
 Talbott, J. E. _____ *Alger*
 Smith, Samuel C. _____ *Ada*
 Wisely, Allen N. _____ *Ada*

HARRISON COUNTY

Curtis, W. H. H. _____ *Fiedmont*
 McGrew, J. A. _____ *New Athens*
 Spence, W. S. _____ *Germano*

HENRY COUNTY

Boesel, I. H. _____ *McClure*
 Bolles, J. R. _____ *Holgate*
 Earp, James F. _____ *Holgate*
 Garwood, George E. _____ *Colton*
 Haag, Henry P. _____ *Liberty Center*
 Harrison, C. M. _____ *Napoleon*
 Homeck, Herman W. _____ *Ridgeville Corners*
 Norris, O. L. _____ *Deshler*
 Rohrs, Henry F. _____ *Napoleon*

HIGHLAND COUNTY

Ambrose, W. H. _____ *New Petersburg*
 Frame, J. H. _____ *Highland*
 Larkin, J. C. _____ *Hillsboro*
 McAllister, J. L. _____ *Highland*
 Skeel, Carroll H. _____ *Greenfield*
 Varney, J. D. _____ *Greenfield*
 Willson, William H. _____ *Greenfield*

HOCKING COUNTY

Hayman, E. H. _____ *Murray City*
 Koppe, Harold F. _____ *Logan*
 Lyon, Claude C. _____ *Logan*

HOLMES COUNTY

Olmstead, Atlee R. _____ *Millersburg*
 Putnam, Isaac _____ *Millersburg*
 Purdy, F. P. _____ *Killbuck*

HURON COUNTY

Bell, Clement L. V. _____ *Fitchville*
 Coupland, James D. _____ *Norwalk*
 Cranston, Byron S. _____ *New London*
 Gill, Robert C. _____ *Norwalk*
 Mackintosh, Angus A. _____ *North Fairfield*
 Reese, Benjamin C. _____ *Monroeville*
 Reese, James W. _____ *New London*

JACKSON COUNTY

Davis, Daniel W. _____ *Wellston*
 Evans, Walter E. _____ *Jackson*
 Gahn, Halder L. _____ *Jackson*
 Hunter, Johnson S. _____ *Jackson*
 Parker, W. H. _____ *Wellston*

JEFFERSON COUNTY Steubenville

Biddle, James K. _____
 Biddle, Victor _____
 Clark, Roy S. _____
 Donehoo, W. S. P. _____
 Erskine, DeMarr _____
 Atwell, Z. F. _____ *Amsterdam*
 Caldwell, John R. _____ *Rayland*
 Ferguson, G. A. _____ *Toronto*
 Huth, Leo _____ *Follansbee*
 McElroy, Thomas _____ *Mingo Junction*
 Morrison, Paul _____ *Tiltonville*
 Schilling, Robert W. _____ *Toronto*
 Sink, Oscar O. _____ *Smithfield*

KNOX COUNTY Mt. Vernon

Blair, Harry W. _____
 Clark, Edw. M. _____
 Claypool, John R. _____
 Conard, Carol D. _____
 Norrick, John H. _____ *Fredericktown*
 Phillips, W. O. _____ *Centerburg*

LAKE COUNTY

Barnett, G. F. _____ *Painesville*
 Caine, William H. _____ *Willoughby*
 Davis, J. R. _____ *Painesville*
 Jones, E. S. _____ *Painesville*
 Winans, J. V. _____ *Madison*

LAWRENCE COUNTY

Cass, Edward M. _____ *Utica*
 Cray, H. C. _____ *Millers*
 Henninger, O. H. _____ *Ironton*
 Marting, W. F. _____ *Ironton*
 Mayberry, Irvin W. _____ *Scottown*
 Rose _____ *Sheritt*
 Stewart, Forrest R. _____ *Pedro*
 Wiseman, Orlyn _____

THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

LICKING COUNTY

Newark

Brown, James A.
Lewis, W. H.
Bozman, C. D.
Cass, E. M.
Cook, Edgar P.
Hixson, A. H.
Johnston, E. H.
Marriott, L. L.
Mauger, Raymond C.

Mitchell, L. A.
Turner, V. R.

Hebron
Utica
Granville
Johnstown
Alexandria
St. Louisville
Johnstown

LOGAN COUNTY

Bellefontaine

Butler, Robert H.
Carey, William H.
Makenson, F. R.
McCracken, A. J.
Swan, G. H.

Pratt, Lester J.
Pratt, Malcolm L.
Pratt, Robert
Startzman, C. K.

Croft, J. W.
Davis, Claude
Fulwider, Robert M.
Hinkle, W. M.

West Liberty
East Liberty
Zanesfield
DeGraff

LORAIN COUNTY

Elyria

Gill, George
Hart, W. E.
Hubbell, W. B.
Kramer, J. C.
Dager, W. F.
Faus, Ralph W.
Gregg, Frank B.
Meek, J. A.
Mikolando, Otto
Miller, Bryce A.
Pease, R. A.
Powers, Harry W.
Richardson, V. M.
Sponseller, Fred M.
Story, C. L.
Wiseman, G. R.

Lawrence, Frank A.
Metcalf, H. M.
Sheffield, Edwin E.
Smith, Arthur B.

Lorain
Lagrange
Wellington
Lorain
Lorain
Amherst
North Ridgeville
Amherst
Oberlin
Wellington
Oberlin
Amherst

LUCAS COUNTY

Toledo

Baldwin, M. G.
Becker, Kurt C.
Beckwith, Horace K.
Belyea, James A.
Berger, C. A.
Beverly, S. S.
Booth, George B.
Bowen, R. B.
Brewer, Lyman A.
Brockway, P. B.
Brown, Thomas H.
Cass, James W.
Chollett, Burt G.
Cohn, Harold S.
Cole, Claude B.
Conger, William W.
Dolloway, L. M.
Eystone, Fred
Faber, Charles F.
Ferneau, Frank D.
Ficklin, Frank B.
Figley, Karl D.
Foster, S. D.
Gillette, Norris W.
Girardot, Adolph J.
Goodyear, Lucius B.
Harrison, Jay M.
Harvey, John H.
Hayes, W. S.
Hein, Barney J.
Hettler, George A.
Higgins, Thomas F.
Iford, Daniel W.
Johnson, Philip M.
Comstock, R. W.
Hayes, Harry S.

Lawless, J. T., Jr.
Lawless, Robert E.
McCormick, Edward J.
McGonigle, M. B.
McNierny, F. B.
Meador, H. B.
Miller, Lawrence D.
Moor, Daniel C.
Moots, Charles W.
Mundy, Carl C.
Myers, Foster
Newberg, Frank L.
Orwig, Earl
Peavy, Henry J., Jr.
Pilliod, Frank W.
Price, H. L.
Rees, Owen C.
Ricard, William A.
Rieg, Phil W.
Rosenblum, Herman G.
Russell, R. L.
Salisbury, J. W.
Schade, August H.
Selby, C. D.
Shapiro, William M.
Souder, Charles G.
Stone, Willard J.
Strathmann, William H.
True, John Arthur
Tucker, John P.
Whitwham, G. P.
Wilson, Dale
Williamson, H. W.
Zemar, Ralph H.

Maumee
Whitehouse

MADISON COUNTY

Christopher, Harry V.
Kerr, George M.
Parker, John W.
Wittich, Roderick B.

London
Lilly Chapel
London
Mt. Sterling

MAHONING COUNTY

Youngstown

Allsop, W. K.
Barrett, C. D.
Beck, W. W.
Bierkamp, F. J.
Blaine, William M.
Borden, P. G.
Brant, A. E.
Breese, Floyd P.
Brown, T. E.
Ruchanan, J. U.
Bunn, W. H.
Cameron, R. L.
Clark, C. R.
Cliffe, Earl

Dapp, W. E.
Dunn, George D.
Elder, J. F.
Farley, David L.
Fenton, R. W.
Fitzpatrick, F. P.
Hanouff, A. P.
Hosbitt, Dean A.
Hudnut, O. D.
Jones, M. P.
Kaskinski, T. J.
King, Jonas E.
Love, William P.
Mariner, James S.
Marowitz, Max
McCurdy, S. M.
McNamara, Frank W.
Meyer, Nathan W.
Mooney, C. A.

Morrall, R. R.
Morris, C. F.
Moses, C. H.
Nesbitt, D. A.
Nutt, George S.
Osborn, H. M.
Painter, A. M.
Phillips, D. B.
Redd, Wesley C.
Reed, C. M.
Reed, Colin M., Jr.
Sherbondy, J. A.
Smeltzer, D. H.
Thomas, E. R.
Turner, W. B.
Washburn, J. L.
Wilson, B. W.
Wolferth, C. C.

MARION COUNTY

Marion

Hoskins, Jacob M.
Mattox, S. W.
Mouser, H. K.
Rhu, H. S.
Hurd, B. B.
Marsh, Evert J.
Shira, Donald

Caledonia
Waldo
LuRue

MEDINA COUNTY

Appleby, A. G.
Brintnall, R. A.
Robinson, H. P. H.

Valley City
Seville
Medina

MEIGS COUNTY

Bing, Byron
Crory, Herman L.

Pomeroy
Letart Falls

MERCER COUNTY

Rockford

Wickersham, James C.
Wilcox, Richard C.
Wicksham, James C.
Wilson, Richard S.

Ayers, Frank E.
Brumm, Frederick H.
Gibbons, John T.
Leiser, William A.
Ransbottom, I. J.
Schirack, C. J.

Celina
Coldwater
Celina
Ft. Recovery
Coldwater
Coldwater

MIAMI COUNTY

Caywood, James R.
Haley, Michael R.
Lindenberger, L. N.
Thomas, F. W.

Piqua
Piqua
Troy
Piqua

MONROE COUNTY

Edwards, C. E.
McVey, Edward F.
Thomson, W. E.

Jolly
Clarington
Antioch

MONTGOMERY COUNTY

Dayton

Austin, R. C.
Baldwin, Ashton M.
Bayless, C. O.
Burnett, Harry W.
Carley, A. W.
Cline, C. L.
Coleman, C. A.
Crow, Allen G.
Denman, F. E.
Driscoll, F. J.
George, J. C.
Giffin, Guy G.
Grove, Courtney P.
Hendee, Walter W.
Hewitt, Alchie E.
Kalter, G. E.
Kelly, John E.
Kislig, Fred K.
Kuhl, Albert F.

Lawson, J. K.
Lyons, Clinton G.
Mansur, William B.
Mashburn, N. C.
McCally, Albert W.
McClellan, H. H.
McKenny, J. W.
Reck, H. W.
Rounds, Frederick C.
Roush, Franklin W.
Salisbury, Frank L.
Springer, H. A.
Stutsman, L. E.
Vega, Jaffrey J.
Walkup, Thomas
Williams, H. H.
Wood, Thomas M.
Woodruff, Ralph L.

Dickinson, T. H.
Hunt, Charles T.
Travis, John L.

Germantown
Miamisburg
Germantown

MORGAN COUNTY

Hill, J. F.

McConellsville

MORROW COUNTY

Bennett, W. S.
Jackson, C. S.
Virtue, D. B.

Cardington
Edison
Iberia

MUSKINGUM COUNTY

Zanesville

Allen, S. L.
Baron, Frederick S.
Brush, E. R.
Fulwider, Robert M.
Higgins, Charles H.
Loebell, Maurice
Martin, John G.
Wells, Robert E.
O'Flaherty, A. E.
Roach, C. J.
Sellers, C. P.
Sutton, Thomas
Walters, Alvin H.
Sonora
New Concord
Nashport

THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

NOBLE COUNTY
Dew, F. R. *Belle Valley*

OTTAWA COUNTY
Ballou, Justin G. *Graytown*
Ingraham, Frederick D. *Curtice*
Jordan, Aid B. *Marblehead*
McCracken, Charles *Port Clinton*
Starkes, C. C. *Port Clinton*
Van Epp, Owen B. *Port Clinton*

PAULDING COUNTY
Fast, L. R. *Paulding*
Miller, John C. *Payne*
Mouser, Ambrose H. *Latty*
Mouser, Ray H. *Latty*

PERRY COUNTY
Allen, Edgar D. *New Lexington*
Burrell, Guthrie O. *New Lexington*
McNerney, N. H. *Corning*
Shaw, H. W. *Junction City*
Sommers, J. C. *Somerset*

PICKAWAY COUNTY
Jackson, Harry D. *Circleville*
McKay, W. H. *Orient*

PIKE COUNTY
Seiler, I. P. *Piketon*
Tidd, E. W. *Stockdale*

PORTAGE COUNTY
Gatchell, W. T. *Ravenna*
Gorham, B. E. *Kent*
Nichols, B. H. *Ravenna*
Pritchard, L. W. *Ravenna*

PREBLE COUNTY
Coombs, Jerrard W. *Camden*
Hunter, Matthew C. *Lewisburg*
Silver, H. Z. *Eaton*
Stewart, William T. *Morning Sun*

PUTNAM COUNTY
Davis, B. P. *Ft. Jennings*
Owens, Otto J. *Ottawa*
Siddall, John D. *Kalida*
Watterson, John D. *Kalida*

RICHLAND COUNTY
Mansfield
Davis, M. J.
Findley, Samuel E.
Mecklem, W. P.
Nichols, J. H.
Remy, Edward
Smith, George S.
Wilmuth, C. S.

Holtz, John F. *Plymouth*
Lavender, D. C. *Pavonia*
Stober, John F. *Lexington*
Walker, C. S. *Plymouth*

ROSS COUNTY
Dunn, A. H. *Chillicothe*
Hatfield, Charles C. *Kingston*
Holmes, R. W. *Chillicothe*
Lightner, Russell E. *Kingston*
Nisley, Glen *Chillicothe*
Perry, Stephen W. *Bainbridge*
Scott, V. T. *Clarksburg*
Smith, W. B. *Frankfort*
Tinker, L. M. *Frankfort*

SANDUSKY COUNTY
Baker, E. A. *Clyde*
Deemer, W. R. *Fremont*
Eyestone, A. G. *Gibsonburg*
Harding, Charles L. *Bellevue*
Kern, Peter E. *Gibsonburg*
McKenney Sherman. *Fremont*
Phillips, Merton O. *Fremont*
Trumbull, H. N. *Woodville*

SCIOTO COUNTY
Portsmouth
Blizzard, Donald M.
Dawson, Challis H.
Keil, H. M.
Mills, Alfred B.
Moore, A. R.
Mytinger, George S.
DeCrow, Reaves W. *Sciotoville*
Graf, Carl H. *Sciotoville*

SENECA COUNTY
Fostoria
Fruth, Virgil J.
Hatfield, N. C.
Henry, C. A., Jr.
Daniel, Charles F. *Tiffin*
Wenner, Henry L., Jr. *Tiffin*

SHELBY COUNTY
Connor, Franklin *Sidney*
Englerth, Benjamin *Anna*
LeMaster, Vernon *Sidney*

STARK COUNTY
Alliance
Bernard, Benj. C.
Hoover, C. S.
Ramsey, P. M.
Scranton, Homer G.
Canton
Danforth, M. E.
Hamilton, Claude D.
O'Brien, John D.
Todd, Joseph L.
Casey, L. E. *Minerva*
Dougherty, J. B. *North Canton*
Holston, J. D. *Massillon*
South, John J. *Massillon*
Walker, C. A. *Louisville*

SUMMIT COUNTY
Akron
Amos, R. E.
Baremore, H. R.
Barton, E. W.
Clark, Lucien D.
Davis, Paul A.
Drury, Roy F.
Fox, W. L.
Gillespie, B. H.
Graham, S. H.
Gregg, R. A.
Grim, Jesse
Haralson, C. H.
Heckert, H. R.
Hilborn, C. L.
Hoffman, J.
Hosler, R. S.
Humphrey, L. B.
Logan, G. M.
Luce, R. V.
Lybyer, P. C.
Magnus, A. P.
McAdoo, S. E.
McChesney P. E.
McDowell, O. C.
Neiland, H. R.
Pinkerton, C. C.
Postle, R. S.
Power, R. E.
Rambo, E. F.
Reichelderfer, V. D.
Rogers, W. J.
Skeels, E. T.
Smith, A. C.
Smith, R. H.
Stewart, James E.
Ulrich, Joseph M.
Wharton, C. F.
Woodbury, Harry E.

Alspach, E. Z. *Kenmore*
Caines, J. W. *Cuyahoga Falls*
Courtright, J. L. *Cuyahoga Falls*
Gardner, G. E. *Barberton*
Hayre, S. J. *Kenmore*
Long, P. B. *Copley*
Rodenbaugh, H. A. *Barberton*
Searl, William A. *Cuyahoga Falls*
Smallman, J. R. *Barberton*

TRUMBULL COUNTY
Warren
Ailes, M. D.
Hoover, D. E.
Knappenberger, M. T.
Manley, O. T.
Page, Harlan
Pontius, W. C.
Waller, C. E.
Wright, E. H.
Girard
Hubbard
Kinsman
Niles
Bristolville
Niles

TUSCARAWAS COUNTY
Calhoun, G. E. *Uhrichsville*
Coleman, H. A. *New Philadelphia*
Goudy, Rollin A. *Newcomerstown*
Guthrie, Gale C. *Uhrichsville*
Marquand, B. A. *Canal Dover*
Shawecker, K. E. *New Philadelphia*
Shawecker, Max *Canal Dover*
Wilson, Roy A. *Dennison*

UNION COUNTY
Boylan, J. D. *Milford Center*
Calloway, F. C. *Marysville*
Goff, William M. *Marysville*
MacIvor, Angus *Marysville*

VAN WERT COUNTY
Van Wert
Bartholme, A. C.
Church, Charles G.
Flemming, R. C.
Lawhead, W. E.
Leake, N. E.
Logan,
Hanna, Myron *Scott*
Musgrave, A. C. *Ohio City*
Reed, F. E. *Wren*
Reeder, M. E. *Ohio City*
Roller, W. C. *Wilshire*

VINTON COUNTY
Cox, O. S. *McArthur*
Henry, W. H. *Hamden*

WARREN COUNTY
Krohn, C. P. *Morrow*

WASHINGTON COUNTY

Marietta

Hill, Edgar W., Jr.
Penrose, J. B.

Stewart, J. M.
Williams, C. A. S.

Adair, Frank *Beverly*
Edwards, C. E. *New Matamoras*
Gale, Larry *Newport*
Sellew, Timothy *Watertown*

WAYNE COUNTY

Bertolette, Harry B. *Shreve*
Cohen, M. B. *West Salem*
Deeds, Charles R. *Dalton*
Foster, Thomas *Wooster*
Graven, T. A. *Wooster*
Ice, K. C. *Shreve*
Smith, A. C. *Wooster*
Wahl, Edward W. *Sterling*

WILLIAMS COUNTY

Bryan

Long, James W.
Pemberthy, Jesse P.

Solier, Franz E.
Snyder, Alva E.

Beard, R. W. *Pioneer*
Carl, George *Edgerton*
Patton, Homer H. *Montpelier*
Steele, William H. *Montpelier*

WOOD COUNTY

Bowling Green

Boyle, Frank V.
Gorsuch, George A.
Harrison, A. M.

Rae, James W.
Schrader, C. O.
Stove, Frank A.

Barr, D. R. *Grand Rapids*
Biggs, I. L. *Custer*
Bowers, M. H. *Perrysburg*
Carr, Lewis R. *Prairie Depot*
Peinert, Earl *Grand Rapids*
Wetherill, J. C. *Weston*

WYANDOT COUNTY

Upper Sandusky

Bowman, J. C.
Kenan, Frederick

Naus, Walter L.
Smith, Arthur N.

Griest, T. C. *Nevada*
Van Buren, R. C. *Corry*

DIED IN SERVICE

Odos A. Hopkins *Middlefield*
George E. Hull *Mantua*
Milton J. Lichty *Cleveland*

State Medical Board Revokes Two Licenses in Its Crusade Against Dishonest Advertising

The State Medical Board in session at Columbus April 2, took further steps to render effective its campaign against licensed physicians who resort to flamboyant and dishonest newspaper advertising. Its immediate attack was directed against the situation in Akron which for some months has been the center of some of the most disgusting medical advertising ever published in Ohio. The board summarily revoked the licenses of two of the chief offenders.

The first was Dr. Robert Austin Browne, Medical College of Ohio, 1900, who purchased considerable newspaper space to advertise his ability to get "quick results" for "weak, worn-out men." Browne was represented at the hearing by an attorney, but had little defense to offer, and as he is an old offender in this field the board acted quickly.

The second to lose his license was Dr. F. L. Bowsher, "Akron's reliable specialist," who has been a liberal patron of the advertising columns of *The Beacon Journal* and *The Times*, in his efforts to interest these same worn-out gentlemen. Bowsher is the modest gentleman who in black type urged the sick public to "get the best when you need a specialist." One of his pet features was to advertise "A Ten Dollar Medical Examination" free.

In running over the files in our office which we label our quack files, we find no more extravagant lay-out than the clippings representing the recent advertisements by Bowsher. He is a young man, formerly a resident of Greenville, and was graduated by the University of Illinois School of Medicine in 1906. With his wife he appeared before the board but was able to present little or no defense, and assumed a rather defiant attitude.

In dealing with Browne and Bowsher, the board acted under Section 1275 of the General

Code, which makes it illegal for a licensed practitioner to issue advertising of medical practice, in which extravagantly worded statements intended or having a tendency to deceive and defraud the public are made.

The Attorney General of Ohio advised the board in its procedure in the Browne and Bowsher cases. So long as that statute remains upon the law books of Ohio, the board will continue its campaign to prevent wholesale exploitation of the sick public.

It is believed that the strength of organized quackery in Akron has been broken. In addition to the revocation of these licenses, the board recently has forced another similar office out of business. In this case a registered physician was hired by a layman to operate the office. The board was able to show him where under the Ohio statute his license might be revoked through having professional connection with an illegal practitioner.

Before the close of the meeting the board by unanimous action authorized the secretary, Dr. H. M. Platter, to bring charges against all other licensed physicians in the state who resort to extravagant newspaper advertising. These will be tried as rapidly as the evidence is collected.

The board further served notice, through action in two other cases, that where licenses are revoked in these cases the action is not to be re-considered lightly. Dr. Theodore T. Jacobsen of Cleveland and Dr. G. W. Walker of Roseville, who formerly were connected with the notorious "United Doctors" and whose licenses were revoked two years ago by reason of this connection, were again applicants for reinstatement. Jacobsen presented affidavits by his attorneys to the effect that he has not practiced since his license was revoked. In addition he promised to refrain from his previous methods. The board refused, however, to grant reinstatement.

MEETINGS OF COLUMBUS ACADEMY OF MEDICINE

(Report by Ivor G. Clark, M.D., the Secretary)

Meeting of March 4.—Dr. A. W. Freeman presented a study of "The Carrier as a Factor in the Spread of Typhoid Fever." He gave extensive data dealing with the investigations that have been carried on in different parts of the world to discover the prevalence of the carrier.

Mr. Charles P. Hoover, superintendent of Municipal Filtration Plant, described the process of water purification in Columbus and gave a practical demonstration of the various procedures carried out in the purification of Columbus water. The papers were discussed by Dr. Ernest Scott and Dr. Louis Kahn.

Meeting of March 11.—Dr. W. F. Bay reported a case of malposition in a fracture of the forearm that was corrected by manipulation alone; the Roentgenogram showing good apposition after manipulation was resorted to under ether. Dr. Bay thought that the open method would have been used by a good many surgeons in dealing with this situation.

Dr. Frank Warner presented another case demonstrating that labor may occur uneventfully after Cesarean section. He contends that the prevailing notion of "once a Cesarean section always a Cesarean section" should be modified.

Dr. J. F. Baldwin presented a specimen of a bicornuate uterus in which there had been obstruction on one side causing great pain low down in the abdomen in a fourteen year old girl. This is the second case of its kind that Dr. Baldwin had seen.

Dr. Charles Shepard, in his paper on acne, brought out the important points in the etiology and laid considerable stress on the treatment in detail of the different phases of this disease. Dr. H. M. Platter and Dr. C. L. Spohr discussed this paper. Dr. Platter confirmed most of the observations of Dr. Shepard. Dr. Spohr was inclined to lay a little more stress on the value of vaccines and felt sure that they had a place in the treatment of acne.

Meeting of March 18.—Dr. J. G. Alcorn presented a paper dealing with his recent experiences in France and Belgium. He described carefully the use of ambrine and the various antiseptics used in war wounds, laying special stress on the technique of the administration of the Dakin Carroll solution. After the address a large number of photographs of various injuries at different stages of treatment were thrown on the screen, together with several plates illustrating plastic work about the eye by Dr. Morax, with appropriate comments by Dr. Alcorn.

The paper was discussed by Dr. R. R. Kahle,

Dr. E. A. Hamilton, Dr. J. F. Baldwin and Dr. F. C. Larimore.

Meeting of March 25.—After the presentation of a neurological case by Dr. W. F. Bay, Dr. J. H. J. Upham spoke on asthma, its etiology and treatment. Five theories of the causation of the disease were referred to: First, spasm of the bronchioles; second, turgescence of the bronchioles; third, reflex action arising from nasal tract, odors and gastric intestinal tract; fourth, anaphalaxis; fifth, neurosis.

Morphia, adrenalin, apomorphine or lobelia were considered useful in the treatment of the acute attack. Between attacks respiratory drills and the avoidance of forceful expiration were considered valuable. Discussion by Dr. W. K. Rogers, Dr. Ramsey, Dr. Harding and Dr. Rector.

Meeting of April 1.—Dr. B. R. Kirkendall presented for a second time a case of carcinoma of the cervix treated originally by radium one year ago. The woman's nutrition is excellent and to all appearances the carcinoma is under control.

Dr. Robert Barnes devoted his paper to the consideration of splenic anemia, spleno-myelogenous leukaemia, Hodgkins' Disease and pernicious anemia. Much attention was paid to splenic anemia as it is in this condition that splenectomy has a high degree of curative power. The blood picture in splenic anemia is not conclusive and the enlargement of the liver concomitant with the enlargement of the spleen cause much difficulty in diagnosis. Again confusion arises from the hematemesis which is common to gastric duodenal ulcer as well as splenic anemia. In spleno-myelogenous leukaemia, benzol seems to have definite value. Dr. Kirkendall presented a case at this point which had been treated with radium and benzol in which the improvement for the past year has been remarkable. The increase of blood platelets in Hodgkins' Disease is considered by some to be almost pathognomonic.

Dr. Barnes' paper provoked free discussion in which Dr. McGavran, Dr. Minthorn, Dr. Ramsey, Dr. J. F. Baldwin, Dr. E. A. Hamilton and Dr. Murphy took part.

Dr. Freeman made the motion that a letter be sent to the President of the Council and the Mayor expressing approval of the site selected for the contagious disease hospital, assuring the people of the city that a contagious disease hospital in the neighborhood is a credit and not a danger, and that the contagious hospital would not be a detriment to the west side. Dr. Freeman made the motion as chairman of the Public Health Committee.

Meeting of April 8.—Dr. J. F. Baldwin reported three unusual cases of tuberculous peritonitis which might easily have been diagnosed as usual tubo-ovarian disease.

Dr. Andrews Rogers reported a case of

eclampsia in which the urinary findings after the first convulsion were negative.

Dr. C. D. Hoy reported a case of compound Pott's fracture in which he gave iodine credit for preventing infection and described a case of operation after ancient dislocation of the hip, which was successful.

Dr. C. F. Bowen presented a number of slides illustrating unusual foreign bodies and fracture.

Dr. G. W. Keil reported several cases of whooping cough which were favorably influenced by pertussis vaccine, and also a patient with tuberculous meningitis showing neglect through Christian Science.

Six cases of non-union from fracture of the neck of the femur, reported by Dr. Bay, provoked considerable discussion.

Double fixation with abduction, as described by Dr. W. J. Means, was received with favor by several who discussed the various methods of treatment of fracture of the neck of the femur.

Dr. E. M. Freese, Dr. C. D. Hoy, Dr. J. F. Baldwin and Dr. W. F. Bay took part in the discussion.

* MEETINGS OF TOLEDO *
* ACADEMY OF MEEICINE *

Chester W. Waggoner, M. D., Secretary.

The officers of the Toledo Academy of Medicine have been agreeably surprised at the number attending the different meetings of the Academy. It was feared that the stress of times and the military activities which are now in progress would somewhat deter good Academy attendance.

The Toledo Academy of Medicine holds its meetings Friday of each week. The first Friday in each month is given over to a general meeting which comprises a business and scientific program. From the first of the year to this time, the attendance has been very encouraging and the interest taken in the work shows a greater degree of enthusiasm than could almost be hoped for in normal times. The membership of the Toledo Academy has long since passed the hundred per cent. club mark, and physicians are still rapidly making application for active membership.

The Patriot fund has equipped 36 doctors from Lucas County and indeed has been a vital factor in assisting these men in their preparation for military service. Forty-three of our membership have entered the service, the vast majority of which are now on the fields of France in active military duty. On January 1 the president of the Academy appointed a committee to reorganize and rearrange the Physicians' Patriot fund.

The Academy is now in position to take care of any emergency that might arise among the physicians of the county, and by the end of the year 1918 will be well fortified from this particular financial point of view.

The doctors of Toledo are facing a new proposition, somewhat different than they have ever dealt with before. The elimination of the so-called segregated vice district of Toledo by the government and the suggestion that the infected be cared for by special organized clinics for this purpose, involves a new duty and a big responsibility which the doctors of Toledo will assume. The meetings of the Academy, where papers are read and discussed, offer a very instructive course to those who attend. Some of the papers will be found abstracted, and are as follows:

"Points in Diagnosis and Treatment of Meningitis," by H. J. Morgan. Read March 15, 1918.

"Without lumbar puncture, a diagnosis of cerebro-spinal meningitis is absolutely without value for scientific, statistical or therapeutic purposes."—Dunn.

If after a carefully taken history and painstaking physical examination the examiner finds definite evidence of another disease capable of producing meningeal symptoms, (pneumonia, gastro-intestinal disease, etc.), he is justified in regarding this condition as the cause of the symptoms and lumbar puncture is not indicated. Careful technique will obviate such things as breaking of needle, abscesses, etc. A manometer while not a necessity is a help. Cloudy fluid indicates meningitis. Stained smears or cultures of most diagnostic aid.

Most reliable chemical tests: Fehling's solution for sugar, nitric acid ring test and Noguchi's butyric acid test for protein.

It is doubtful if any findings in the spinal fluid are pathognomonic of poliomyelitis as opposed to tuberculous meningitis.

All meningitides except traumatic are of hematogenous origin. Epidemic type enter by naso-pharynx. Carriers detected by smears from swabs of nose and throat and by agglutination tests. Seem to be two fixed types and several intermediate ones. Work at army camps demonstrates necessity of doctor wearing face mask and spraying nose and throat with 2% oily solution of Dichloramin T.

Treatment.—Meningitis diagnosed. As epidemic cerebro-spinal meningitis is the commonest form, producing cloudy fluid, give antimeningitic serum while waiting for the laboratory report. As this serum is of no value in any other type stop its use unless meningococci are found. Except in rare instances there is no curative treatment for other forms of purulent meningitis. Wollstein's serum for use in influenzal type not yet proven of benefit. Authentic histories of recovery indicate benefit of repeated

lumbar puncture in hopeless cases. Do not give fatal prognosis.

Technique.—Child may be anesthetized if necessary. If manometer is used, withdraw fluid until pressure normal. Otherwise let run until no more than 4 drops a minute escape. Signs of pressure. Disturbed breathing, cyanosis, cold sweat, failing pulse. Remedy: Let some of serum escape. Sign of too much spinal fluid withdrawn. Apnoea. Remedy: Artificial respiration. Serum warmed. If time permits use gravity method. Average dose 20 c. c. in infants 15 c. c.

Give injection every 24 hours for 4 doses,—every 12 hours in very severe cases. If meningococci persist, continue treatment. If symptoms return give another course of injection. Failure to follow up treatment, responsible for many cases of lack of benefit from serum.

Difficult cases.—Those in which no spinal fluid is obtained at puncture, those in which meningococci disappear on treatment but no relief of symptoms observed, those in which neither relief of symptoms nor disappearance of organisms are observed.

A few cases are reported in which the serum was injected into the ventricle through the fontanelle in infants or through trephine opening in older children and adults.

Prognosis depends upon how early serum is given, dosage and attention to detail. Roughly speaking mortality has dropped from 70% to 30%. Looft's estimate of 3.7% of 539 cases of idiocy caused by meningococcic meningitis should make prognosis as to permanent cure guarded.

"The Diagnosis of Empyema," by Louis A. Levison, M. D. Read March 22, 1918.

1. Empyema in the pleural cavity may be caused by various organisms. The infection may reach the pleura by direct extension from a focus of infection in the lungs.

2. The infection may spread from some neighboring organ, such as the bronchial glands, peritoneum, or the perforation of an abscess in the liver, spleen or stomach.

3. It may arise from an infection such as septicemia, pyemia, articular rheumatism, or typhoid fever.

Suspicion of empyema may arise from certain general symptoms, but strictly speaking there is no early symptom or combination of such which may not be present as well in a serious effusion. Important and suspicious symptoms are irregular fever, tachycardia, sweats, chills and cough. Pallor, anemia and emaciation promptly ensue. The white blood count is practically always high with a marked relative increase in the polymorphonuclear neutrophils. It is especially important to remember that in children, in the aged, and in the course of chronic disease at any age, an empyema may ensue without any new

symptoms arising to direct attention to the respiratory apparatus.

Exploratory puncture is the most important diagnostic measure. It is a harmless procedure excepting in very unusual instances. The needle should be large enough to admit pus. Great care should be taken before excluding pus on account of negative taps. Pus may be obtained only after repeated taps at various times.

Localized empyemas may occur in unusual locations, such as the diaphragmatic, interlobar form and mediastinal form.

In the diaphragmatic form, the pus collects between the lower surface of the lung and the diaphragm. This type is difficult to distinguish from pus below the diaphragm or in the liver.

In the interlobar form, the pus is present in the space between two lobes, which space may be walled off from the general pleural cavity by adhesions. In this case, there may be a zone of dullness, varying in width with the volume of the effusion. There may be Skodiac resonance above and below the narrow zone of dullness, owing to relaxation or compression of the adjacent lung tissues. The breath sounds are feeble over the dull area, but may be bronchial above and below. Moist rales may be audible in the adjacent lung. If the pocket of pus is small, the overlying normal lung tissue may mask it and prevent any change in resonance. In such an instance diagnosis may be impossible without the aid of a fortunate puncture of the X-ray.

In mediastinal empyema, the fluid collects between the mediastinal and pulmonary pleura. Diagnosis is very difficult here. The pus may be in the anterior or in the posterior region of the chest, on either side.

The differential diagnosis may present great difficulties. Such unusual conditions as mediastinal masses, lung tumors, subphrenic abscesses, pulmonary abscesses, may present perplexing problems to the diagnostician.

* MEETINGS OF CLEVELAND *
* ACADEMY OF MEDICINE *

(Report by C. L. McDonald, M. D., the Secretary)

The one-hundred and forty-sixth regular meeting of the Academy of Medicine was held Friday evening, March 15, 1918, at the Cleveland Medical Library. The President, Dr. Geo. Edward Follansbee, in the chair.

A communication from the Cleveland Public Library, urging members to contribute books for soldiers at the front was read.

Captain H. T. Karsner, of the Medical Officers' Reserve Corps, gave an address entitled, "Deaths in a War Hospital in France." Captain Karsner has returned to resume his teaching work after

foreign service with the Lakeside unit. The paper was discussed by Dr. Tuckerman and Dr. Follansbee.

Attendance, 75.

COUNCIL MEETING.

At a meeting of the Council of the Academy of Medicine held Tuesday, April 9, 1918, at the University Club, the following members were present: The President, Dr. Follansbee, in the chair; Drs. Berkes, Bernstein, Bruner, Chamberlin, Eddy, Cole, Lueke, McDonald, Oakley, Thomas, J. E. Tuckerman, W. H. Tuckerman, Updegraff, and Weir.

On motion, Loal E. Hoffman, M. D., was elected to membership in the Academy. The following names were ordered published: Ermine S. Cryder, M. D.; J. R. Thompson, M. D., and J. H. West, M. D.

The secretary was instructed to purchase a service flag to be displayed at the Medical Library. The secretary was instructed to reply to Dr. Biggar's letter with reference to the Academy's interpretation of Homeopathy.

The president and Dr. Updegraff were instructed to confer with Colonel Pond of the Civilian Relief of the Red Cross for the purpose of suggesting some changes in the agreement entered into with Academy of Medicine for the purpose of caring for dependents of men in military service.

At the Council meeting on March 12, the Civic Committee was instructed to confer with the Health Department on the narcotic situation. Council advised that the Health Department draw up an ordinance to regulate the treatment of narcotic cases, and that this ordinance be presented to the city council.

The following were appointed to the Membership Committee: Drs. H. B. Corlett, W. G. Zantiny, Harold Feil, E. F. Friedman, Frank Mohrman, E. D. Saunders.

Dr. Updegraff reported that satisfactory arrangements had been made with the Cleveland Medical Journal for this year.

The Educational Committee presented a plan on post-graduate instructions to be carried on by the Academy. This course was accepted and will begin on May 1.

the Ohio National Guard and at the beginning of the war was regimental surgeon of the Thirtieth United States calvary stationed at Fort Riley, Kansas, and later transferred to Camp Lewis, American Lake, Washington, from whence he was returned home because of his health. A discussion of the subject was led by Dr. W. B. Patton following Dr. Syman's address. There were interesting case reports by Drs. Harry B. Martin and T. W. Mahoney.

Miami County Medical Society met at the Troy Club, Troy, April 4. An interesting paper on "Foreign Bodies in the Eye" was presented by Dr. B. J. Kendall and the discussion was opened by Dr. S. D. Hartman.

Montgomery County Medical Society held an interesting meeting in the society rooms, April 5. Dr. C. H. Breidenbach spoke on "Typhoid Fever" and Dr. G. A. Hochwalt opened the discussion. Dr. C. D. Smith reviewed current literature.

Preble County Medical Society held its first meeting of the year, March 21, at Eaton in the Commercial Club rooms. The meeting was delayed on account of the severe weather. New officers have been installed and this was the best meeting the society has had since its reorganization in 1915. We have 19 members paid up for 1918, and 16 were present at the meeting. Dr. W. H. Tucker of Eldorado read a paper on "Scarlet Fever" and gave a case report. The discussion which followed was entered into with spirit by all present. Dr. C. W. Beane of West Manchester gave an interesting talk on "Gelsemium." Dr. John E. Hunter, councilor of the Second District, was a visitor and entered with enthusiasm into the discussions. He submitted the plans of council for future legislative work. New officers of the society are: Dr. W. McQueen of Camden, president; W. H. Tucker of Eldorado, vice president; S. P. Carter of West Manchester, secretary; W. H. Tucker, state delegate, and S. P. Carter, alternate.—S. P. Carter, Secretary.

THIRD DISTRICT.

Allen County Medical Society met in bi-monthly session at Lima State Hospital, April 2, with a good attendance. The principal feature of the evening was a talk by Dr. Charles H. Clark, superintendent of the hospital, on "Symptoms of Insanity." Dr. Clark and Dr. J. H. Berry, also of the hospital staff, presented numerous clinical cases.

Logan County Medical Society met for a noon-day luncheon at Hotel Ingalls, Bellefontaine, April 5. Because of illness Dr. W. B. Van Note, councilor of the Third District, was unable to

COUNTY SOCIETIES

SECOND DISTRICT.

Clark County Medical Society enjoyed an address by Dr. L. L. Syman on "Medical Service in the United States Army" at the luncheon meeting of the society held March 20 at the Hotel Shawnee, Springfield. Dr. Syman spoke from experience as he served for eight years in

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be present as expected, and his paper on "The Tonsils" was presented by Dr. E. R. Henning of Bellefontaine. Drs. Harbert, Wilson, Phillips and Makemson discussed the subject. A paper on "The Passing of the Country Doctor" by Dr. Guy J. Kent of West Liberty was read and discussed. The society ordered that flowers be sent to Dr. J. C. Banning of Belle Center, who has been confined to his home because of illness all winter.—Guy J. Kent, Correspondent.

Mercer County Medical Society held its regular monthly meeting in the City Hall, Celina, March 12. Dr. L. D. Brumm of Celina read an excellent paper on "Scarletina" which was discussed by all members present. Dr. L. M. Otis reported a case. The society passed a resolution requesting the president and secretary to draft and sign for the society a petition to our representatives and senators in Congress requesting their help in passing House Bill No. 9563 and Senate Bill No. 3748 which provide for giving the medical branch of the Army equal rank to that enjoyed by the medical department of the Navy.

On April 7 the society held a well attended and enthusiastic meeting. Dr. H. G. Rawers of Chickasaw read a very interesting paper on "Smallpox," reporting a number of cases with accurate records and some unique results. Dr. P. W. Fishbaugh reported a case diagnosed by

himself and a reputable oculist as cerebellar tumor, improving under X-ray treatment. The interest of the local profession is increasing since the policy of holding monthly meetings has been established. We have made an increase of two over our membership last year and the society is in prosperous condition. The next meeting will be held May 14.—D. H. Richardson, Correspondent.

FOURTH DISTRICT.

Erie County Medical Society, meeting at the Sunyendeand Club, Sandusky, March 28, decided to buy a Liberty Bond of the third issue and invest the treasury's balance in War Thrift Stamps. The application of Dr. R. B. Hubbard for membership was received. Drs. G. H. Boehmer and F. J. Leblieq were taken into the society. Papers were read as follows: "Hospital Training Schools for Nurses," Dr. Emily Blakeslee; "The Hospital and the Physician," Dr. H. D. Peterson.—H. D. Peterson, Correspondent.

Sandusky County Medical Society had as its guest Dr. Claude E. Price of Toledo at the regular monthly meeting of the society, March 28. Following a banquet at the Hotel Fremont the party went to the reception room of the Jackson Hotel, where Dr. Price read a paper on "Some Nervous Cases." A general discussion followed.—(From a news clipping).

FIFTH DISTRICT.

Ashtabula County Medical Society held its regular monthly session, March 12, with Vice-President E. Crockett presiding. Dr. Harry G. Sloan of Cleveland gave an excellent address on "Pyloric Stenosis of Infancy," illustrated with lantern slides. Dr. F. C. Smith of Geneva presented a clinical case of congenital mitral stenosis in a lad of nine years. A vote of thanks was tendered to Dr. Sloan. The secretary read a communication from Executive Secretary Sheridan.

The April meeting of the society was held at the Ashtabula General Hospital, April 9, with 13 members and one visitor present. Dr. Hogan discussed the matter of compensating members of the society enlisted in Army service. The general opinion seemed to be that the question requires careful working out, as it is believed that the plan of giving a stated per cent. is not practical because of the many "floating patients" and, as one member expressed it, the uncertainty of knowing who's who. Drs. Case, Upson and Smith were appointed to formulate a plan to meet the situation. Because of the benefit to each member and the stimulation to new membership, the society voted to hold its regular annual clinic, and the president appointed Drs. Hogan and Crockett of Ashtabula, Dr. Eades of Conneaut and Dr. Austin of Geneva to make the necessary plans. Dr. Case presented an X-ray

plate showing a marked deformity in the forearm of a man of 26 due to a fracture when two years old.—Bernice A. Fleek, Correspondent.

Lake County Medical Society held its monthly meeting at the Parmly Hotel, Painesville, April 1. Dr. R. J. May, radiographer to St. Luke's Hospital, and Dr. C. V. Davis of Cleveland were guests of the evening. Dr. May lectured on the use of the X-ray as an aid to diagnosis in diseased conditions of the stomach, bowels, gall, bladder, appendix, etc. He showed by X-ray plates and lantern slides some of the wonderful progress made in this line.

SIXTH DISTRICT.

Mahoning County Medical Society met for the March session in the Youngstown public library on the 20th. Drs. C. C. Booth and R. G. Mossman were the speakers, the former speaking on "Mid-thigh Fractures," and the latter reporting several interesting cases of unusual diseases. Dr. Booth illustrated his talk with lantern slides and later showed the entire mid-thigh operation by means of motion pictures.

Portage County Medical Society met in regular session at the office of Dr. J. H. Krape, Kent, April 11. Twelve of our 24 members and nine visitors were present. Three applicants were elected to membership. The meeting was known

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as Hospital Night and was given over to Mr. George H. Robinson, secretary of the Board of Trustees, and Miss Katherine McConnell, superintendent of the Portage County Hospital, who addressed the meeting in the interest of the hospital. It was a very enthusiastic meeting and steps were taken to complete the formation of a staff. Members and guests were entertained at buffet lunch by Mrs. Krape.—W. B. Andrews, Correspondent.

Summit County—Record breaking has become rather common in this society, but the meeting of April 2 gassed and annihilated everything in attendance figures. From Akron, Barberton, Clinton, Cleveland, Copley, Cuyahoga Falls, Doylestown, Hudson, Kenmore, Orrville and Toronto, Canada, 186 physicians and wives and nurses came to attend a dinner held in the Akron City club. It was military night and the rooms were decorated with American, British and Canadian flags. The service flag of the society, bearing 48 stars and two crowns occupied the place of honor, the crowns being for the members in the Canadian army. The guests of honor were Lieutenant-Colonel E. B. Hardy, M. B., D. S. O., and Captain W. L. C. MacBeth, M. B., of the Canadian Medical Corps. Present also in uniform were Captain S. E. McAdoo and Lieutenants L. D. Clark, C. C. Pinkerton, O. C. Mc-

Dowell of the Medical Officers' Reserve Corps, Captain A. S. McCormick and Sergeant Major L. A. Kirkland of the Canadian Infantry. Upon the sounding of the bugle call "Come to the cook house door, boys," the audience was seated. Another call brought forth a surprise in the roll of drums, a "skirl" of the pipes and a parade of the Akron Bagpipe Band and the military men headed by the stalwart Sergeant Major Kirkland, a veteran of 30 years' service. After the dinner the secretary gave the military history of the society. President Chase then introduced Lieutenant-Colonel Hardy who received a tremendous welcome. Colonel Hardy spoke for one hour upon the work of the Canadian Army Medical Corps in France, illustrating his lecture by a series of lantern slides. The evening will long be remembered as the best in the history of the society. A feature was the attendance of veterans of the Civil, Spanish-American, South African and present wars, including past and present members of the United States, British, Canadian and Hungarian armies.—A. S. McCormick, Correspondent.

SEVENTH DISTRICT.

Belmont County Medical Society held its regular meeting in the parlors of the Martins Ferry City Hospital, March 13. Twelve members were present. Dr. R. H. Wilson of Martins Ferry

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read a paper on "Some Hospital Problems" and Dr. F. C. Huth of Cambridge opened the discussion. There was also an exhibition of interesting clinical material. Following the program the superintendent of the hospital served a luncheon.

NINTH DISTRICT.

Pike County Medical Society met April 1, at the office of Dr. John L. Caldwell, Waverly, to discuss the prevalence of spinal meningitis in this community, there having been four deaths within the past month. Strict precautions were urged to prevent the spread of the disease.

Scioto County—Hempstead Academy of Medicine held its regular monthly session, April 8, in the Carnegie Library, Portsmouth. Dr. D. A. Berndt read an interesting paper on "Traumatic Hernia and Traumatic Appendicitis." A lively discussion ensued.

At the meeting held March 11 a revised fee bill was adopted. Dr. C. W. Wendelkin read an excellent paper on neuralgia, which was fully discussed by all present. Both meetings were well attended.—Oral D. Tatje, Correspondent.

TENTH DISTRICT.

Pickaway County Medical Society held an enthusiastic meeting in the Circleville Masonic

Temple, March 8. Dr. Oscar Berghausen of Cincinnati addressed the society on "Recent Blood Studies in Relation to Clinical Medicine." The lecture was illustrated with lantern slides. Members of the Ross and Fairfield County Medical Societies were invited to the meeting.

Fred Berry, M. A., who for the past ten years has been bacteriologist in charge of the diagnostic work in the division of laboratories of the State Department of Health, has resigned and will be associated with Dr. James McI. Phillips in the management of the latter's Columbus laboratories which are devoted to the production of anti-rabic vaccine.

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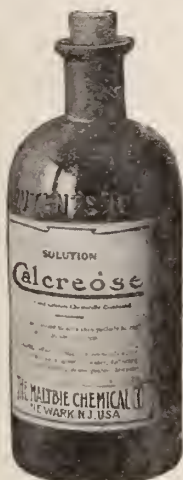
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Address



At the April meeting of the Board the following were admitted to practice in Ohio under the provisions of our reciprocity arrangements with other states. The tabulation shows, first, the city in which the doctor expects to locate, or has located:

Akron—Fred Hamilton Strawbridge, graduate of Meharry Medical College, 1914; licensed Alabama, 1914, practiced in Birmingham since July 1915. (Colored).—Roy Odell Knapp, graduate of University of Michigan, 1910; licensed, Michigan, 1910. Chief physician Michigan Reformatory, 1910 to 1912; first assistant physician Ionia State Hospital, 1912 to 1913; practiced at Dundee, Mich., 1914 to 1915, and at Alden, Michigan, 1916, 1917.—George Hopkinson, graduate Harvard Medical School, 1905; licensed Vermont, 1914; practiced in Boston 1905 to 1918; and since 1914 has practiced during summer at Wardsboro, Vermont. Member in good standing of the Massachusetts Medical Society.

Canton—Clyde H. Cable, graduate of Chicago College of Medicine and Surgery, 1917, licensed Illinois, 1917; interne at City Hospital, Cleveland, since graduation.—Charles B. Abell, grad-

uate of University Medical College, Kansas City, 1903; licensed Kansas, 1903; practiced Macks-ville, Kansas, 1903 to 1913, post graduate work at University of Michigan, 1913 to 1916; practiced at LaCrosse, Wisconsin, since 1916. Member in good standing of the LaCrosse County Medical Society.

Cincinnati—William B. Quinn, graduate of Eclectic Medical College, 1913, licensed California, 1916; practiced Springfield Hospital, May 1913 to Jan. 1914; New York City, Jan. 1914 to July 1916; general practice, Los Angeles, November 1916 to November 1917.—Roy Glen De Voist, graduate of University of Michigan, Homeopathic Department, 1914; licensed, Michigan 1916; interne Cincinnati Union Bethel, two years; later in social work in connection with same institution. District physician in Cincinnati since January 1, 1918.

Cleveland—Charles A. Leisher, graduate University of Pennsylvania, 1890; licensed Indiana, 1897; practiced Mercy Hospital, Pittsburgh, as interne, 1890 to 1891; at Glenfield, Pennsylvania, 1891 to 1893; at Richmond and Logansport, Indiana, 1893 to 1900. In Cleveland since 1900 as medical examiner for Pennsylvania R. R. Co.—Augustus W. Tarr, graduate of Barnes Medical College, 1898; licensed Illinois 1898; practiced at Grand Chain, Ill., since 1898.—William Philip Saunders, graduated Meharry Medical College,

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1913; licensed Alabama 1913; practiced since August 1913 at Birmingham. (Colored).

Columbus—George P. Stavrou, graduate National University of Greece, 1905; licensed in Minnesota, 1917; practiced in Karditsa, Greece, 1905 to 1907; in Paris, 1908; Athens, Greece, 1908 to 1917.

Dayton—Clifford T. W. Sappington, graduate of University of Maryland, 1903; licensed, Maryland, 1903; practiced in Baltimore 1903 to 1907; and at Frederick, Maryland, 1907 to 1918.

Parlett—John Calvin Anderson, graduate University of Pennsylvania, 1913; licensed Pennsylvania, 1913; interne at Mercy Hospital, Pittsburgh for one year; practiced in Munhall, Pennsylvania, one year, seven months. Member in good standing of the Allegheny County Medical Society.

Portsmouth—Albert S. Brady, graduate of Miami Medical College, 1892; licensed Kentucky, 1913; practiced in Lynn, Kentucky, 1892 to 1893; at Greenup, Kentucky, 1893 to 1918. Member in good standing of the Greenup County and Kentucky State Medical Associations.

Salem—Eugene Wallace Mitchell, graduate of University of Louisville, 1916; licensed Kentucky, 1917; practiced one year as interne St. Joseph's Hospital, Lexington, Kentucky; three months at Waverly Hills, Sanitarium, Louisville, and as assistant to Dr. H. K. Yaggi, Salem, five months.

Toledo—Roderick H. Campbell, graduate of Marquette University School of Medicine, 1916; licensed Wisconsin, 1916; practiced in Milwaukee since graduation.

Youngstown—Guy Anthony Parillo, graduate of Detroit College of Medicine and Surgery, 1917; licensed Michigan, 1917; practiced St. Elizabeth's Hospital, Youngstown, since graduation.

MORE "LIMITED" LICENSES.

The Board is still acting upon applications for limited practice certificates under the exemption provisions of the Platt-Ellis law. This work is nearly finished. At its April meeting, the Board granted limited certificates to the following:

William Chandlee, Elyria—A railroad brakeman for the Big Four,—chiropractic and spondylotherapy.

Virgil E. Fowler, Portsmouth, electrotherapy and psychotherapy. Mr. Fowler conducts an X-ray laboratory and his application was endorsed by practically all of the physicians in Scioto county.

Dora J. Kennedy, Newark, hydrotherapy and massage.

Nora A. Sweeney, Cleveland, hydrotherapy and massage.

Elizabeth C. Mattimore, Toledo, chiropody.

Elizabeth M. Higgins, Dayton, chiropody.

Mrs. Mary E. Ferrell, Marion, chiropody.

Ida C. Schrell, Cincinnati, mechanotherapy.

The Board postponed consideration of the application of Mrs. Laura A. Lash of Dayton, who applied for an exemption certificate to practice suggestive therapeutics. At its May meeting, it will grant a certificate to Frank W. Curtis of Marietta to practice massage, hydrotherapy and chiropody.

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BROTHER SHAW WANTS IN.

Fred Shaw, Akron, who advertises himself to be "M. H., S. T., C. D., D. O., M. E., D. O., P. H. G., M. D., M. T., Member of the Brotherhood of Jesus, Ancient Order of Malchisedek," and who was convicted in Summit County recently charged with practicing medicine without a license, has applied to the Board for a limited certificate to practice naturopathy.

A SPLENDID IDEA.

State Health Commissioner Freeman appeared before the Board at its April meeting and requested that in the future examination of medical students who are applicants for certificates, the Board include questions pertaining to state health laws and regulations. Dr. Freeman pointed out this would force medical students to familiarize themselves with the state laws pertaining to sanitary matters and would not only protect the state but would save the students future trouble. The request was granted.

ONE OF THE BEST, MIND YOU.

Peter Farber of Hamilton, who claims to be a mechanotherapist, was denied a license to practice under the Platt-Ellis law. He advised the board that he was thoroughly qualified inasmuch as he had been graduated by one of the leading correspondence schools.

TO LOCATE IN YOUNGSTOWN.

Dr. Fred P. Snyder, Norristown, Pennsylvania, who desires to locate in Youngstown, was extended the privilege of taking the entrance examination in June. He is licensed in Pennsylvania, but was graduated by Temple University, which institution has not been previously recognized by the Ohio Board.

REPLACES PATRIOTIC SON.

Edward W. Brown of New Vienna will be admitted to license in Ohio after a practical bed-side test. Dr. Brown was eligible to registration under the exemption clause when the medical practice act was passed in 1896, but was not in active practice at that time. Recently his son has entered the Army Medical Corps, and the father has taken over his practice. His application for license was accompanied by many warm endorsements.

NO PLACE FOR WHISKY.

A southern Ohio physician recently convicted of violating the state liquor laws, and charged with over indulgence in the product, will be cited to appear before the Board at the June meeting to show why his license should not be revoked. The Board has adopted the general policy of proceeding against practicing physicians who have indulged too freely in alcohol. They are a menace to their communities.

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Pay to the order of Dr. R. C. Knode, Beneficiary of Dr. R. C. Knode, \$5,000.00		
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Physicians Casualty Association of America.		No. _____
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NOT OVER FIVE THOUSAND \$5000		
Pay to the order of Mrs. Virginia Wall, Beneficiary of Dr. William B. Wall, deceased, \$5,000.00		
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Dr. Samuel A. Johnson, Springfield, Mo., in good health and life expectancy, fell under an axe blow from an insane patient. Death followed in a few hours.

The \$5,000 promptly paid to his widow by the P. C. A. had cost the insured \$95.00.

Dr. R. C. Knode, Scotts Bluff, Neb., while driving through a sandy stretch of road, lost control of his car, was thrown out and instantly killed.

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Dr. W. R. Wall, Cleveland, Ohio, was driving on an oiled boulevard when his car skidded and "turned turtle," killing the doctor instantly.

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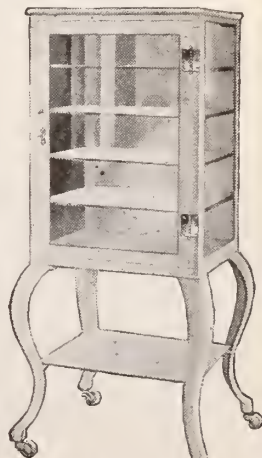
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CHANCE TO EXPLAIN.

At the next meeting of the Board, Dr. Edward Secoy of Darbyville will be given an opportunity to appear and explain his practices in connection with the treatment of tuberculosis. The Board has received complaints from residents of Pickaway County. A similar opportunity will be given to Dr. W. A. Stanley of Akron.

EXAMINATION IN JUNE.

The next examination of applicants for medical certificates will be held in Columbus, June 4, 5, 6, and 7. The practical examinations will be at St. Francis Hospital on the 4th and 7th, and the written test will be given at Ohio State University on the 5th and 6th.

REVOKE LICENSE.

The Board at its April meeting, after extended consideration, revoked the certificate of Dr. James L. Holden, formerly of Zanesville. Dr. Holden was convicted in the Franklin County courts on a charge of criminal abortion, and was given a suspended sentence of one year in the penitentiary, and the trial judge recommended that the Board revoke his license in view of evidence submitted. Dr. Holden was represented before the Board by Attorney D. C. Badger of Columbus and Attorney George of Zanesville,

but after careful consideration of the testimony, unanimous action was taken.

MISS HEADLEY RESIGNS.

After sixteen years of faithful service as clerk-stenographer in the offices of the Board, Miss Emma E. Headley has resigned. During her long connection she came in contact at one time or another with hundreds of physicians, and made many friends through the careful attention she gave to Board matters. She has been in touch with medical registration work for so many years that she was a recognized authority on many of the intricate problems that arise. We take this opportunity of thanking Miss Headley for the many courtesies extended to this office.

The next regular meeting of the Board will be on June 2, but there will be a special meeting on May 6 to consider emergency matters.

OLD AGE STATUTES.

Ohio has a larger percentage of old people than has the United States as a whole, social and economic information which the state health and old age insurance commission is gathering, shows. Of those over 65 years, 129,598 were men and 132,212 were women. Only six per cent. of the men and 6.3 per cent. of the women more than 65 years old are single.

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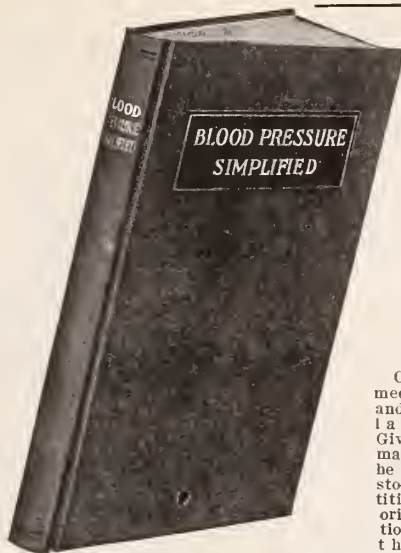
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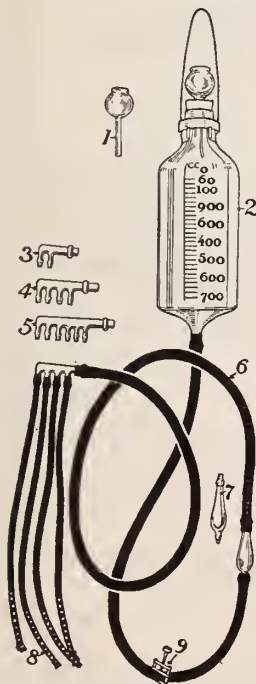
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We'll Meet You in Chicago

Inasmuch as the annual meeting of the State Association has been postponed until October 1, it is probable that there will be increased attendance from Ohio at the sixty-ninth annual session of the American Medical Association which will be held in Chicago June 10-14. Dr. Charles Whelan, secretary of the local executive committee which has charge of arrangements, advises us that convention headquarters have been established at 25 East Washington Street, Chicago, and that all correspondence concerning local arrangements will be promptly answered from that address.

The following hotels have been tentatively designed as general and section headquarters for the Chicago Session:

General Headquarters: Hotel Sherman, North Clark and West Randolph.
Practice of Medicine: Hotel Morrison, 83 West Madison.
Surgery, General and Abdominal: Auditorium Hotel, 430 South Michigan.
Obstetrics, Gynecology and Abdominal Surgery: Congress Hotel, South Michigan and Congress.
Ophthalmology: Hotel LaSalle, LaSalle and West Madison.
Laryngology, Otology and Rhinology: Hotel LaSalle, LaSalle and West Madison.
Diseases of Children: Congress Hotel, South Michigan and Congress.
Pharmacology and Therapeutics: Auditorium Hotel, 430 South Michigan.
Pathology and Physiology: Auditorium Hotel, 430 South Michigan.
Stomatology: Congress Hotel, South Michigan and Congress.
Nervous and Mental Diseases: Blackstone Hotel, South Michigan and East Seventh.
Dermatology: Blackstone Hotel, South Michigan and East Seventh.
Preventive Medicine and Public Health: Auditorium Hotel, 430 South Michigan.
Genito-Urinary Diseases: Auditorium Hotel, 430 South Michigan.
Orthopedic Surgery: Congress Hotel, South Michigan and Congress.
Gastro-Enterology and Proctology: Auditorium Hotel, 430 South Michigan.
Scientific Exhibit, Registration Bureau, Commercial Exhibit, Information Bureau, and Branch Post-office: Hotel Sherman, North Clark and West Randolph.

The chairman of the subcommittee on clinics, Dr. Charles F. Humiston, announces that there will be a series of clinics for the Fellows of the Association on Thursday, Friday and Saturday, June 6, 7 and 8, and on Monday and Tuesday, June 10 and 11. Further announcements regarding the clinics will appear in these columns from time to time.

Alumni and section dinners will be held on Wednesday evening from 6 to 8 o'clock, so as not to conflict with other events which are being planned. The chairman of the subcommittee on alumni and section entertainment, Dr. J. H. Stowell, announces that his committee is co-operating with officers of alumni associations in arranging for reunions. The committee desires, also to assist the officers of those sections which desire to arrange for section dinners.

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Leibig's process for making Malt Extract destroyed the diastase and it remained for Prof. Trommer to develop the fact that while maltose as prepared by Liebig was an excellent nourishment for the sick, that diastase as preserved in a properly prepared Malt Extract such as **TROMMER'S** is the element which effects transformation of the carbohydrates into an assimilable form of food.

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Bechamp and Moro discovered that human milk contains diastase and that cow's milk does not contain it. In infant feeding many physicians have achieved brilliant results by the addition of diastatic Malt Extract to pure cow's milk, thereby supplying the vitalizing and energizing element (diastase) of which an artificially fed infant is otherwise deprived. Sixty-six per cent of the solids of human milk are carbohydrates, which the diastase of human milk seems to dispose of to the advantage of the growing child. Cow's milk solids consist of 36 per cent of carbohydrates, to which often more carbohydrates are added to make the quantity equal to human milk. Few realize the importance of adding normal diastase to assist the process of metabolism in the new born.

Malt Soups (Malzsuppen) have been largely used by Keller, Czerny, Gregor and Koplik. The latter says: "The Keller method of feeding with dextrinized gruels is one of the most useful methods of feeding marantic infants, and one in which, in a great number of cases of atrophy, has given me brilliant results. I have used this method of feeding in cases in which all other known methods have failed."

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State Establishes Health Department Bureau to Campaign Against Venereal Diseases

Carrying out its policy, announced at the beginning of the year, of waging a vigorous fight against venereal diseases, the State Department of Health is setting machinery for this work in motion as rapidly as possible and as completely as financial limitations will permit. With the importance of the work accentuated by war conditions and the need for preserving the soldiers' health, the task is assumed as a wartime duty.

Dr. H. N. Cole of Cleveland, who volunteered to perform the service without compensation, has been placed in charge of the Department's bureau of social hygiene, which will handle the venereal disease activities. Dr. Cole will direct the work from Cleveland, where he is doing instructional work in dermatology and syphilis in the medical department of Western Reserve University. The State Department of Health expresses great appreciation of the patriotism of Dr. Cole in giving his services to the work.

Educational measures play an important part in the Department's program. These are undertaken with the object of disseminating accurate information regarding sex hygiene and venereal diseases, especially among young men, and building up in the public an attitude which will make frank dealing with the subject possible. Placards, pamphlets, leaflets and newspaper publicity are to be employed.

Closely allied with the educational side of the program is a bureau of sex advice which has been installed in the Department. In the printed matter sent out, the public is invited to address personal questions on any phase of sex hygiene to this bureau. All questions will receive the confidential, personal attention of a competent adviser.

The laboratories of the Department are co-operating in the work by giving free Wasserman examinations for the diagnosis of syphilis. This

service is offered on the same basis as other diagnostic facilities of the laboratories. Delay in receipt of materials caused postponement of this work, but the laboratories are now ready to send out outfits to physicians upon request. Outfits for the submission of Wasserman blood specimens may be obtained only from the Columbus office of the Department—not from the distributing stations at various points throughout the state. Specimens will be tested free for all physicians, the only condition being that the Department's official outfits must be used in submitting them.

State co-operation is being given to local movements for handling the venereal disease situation in various cities of the state. Organization of clinics and provision of hospital beds for venereal patients are given special attention. Programs for the control of the disease are being worked out and put into effect in Cleveland, Cincinnati, Toledo, Columbus and other cities. The importance of exercising effective control over venereal disease carriers, as over carriers of all other infections, is being urged upon local health authorities.

Through the co-operation of the military authorities within the state, sources of infection are located and treated.

This organization for handling the venereal disease situation, the Department of Health admits, is more or less incomplete. Sufficient funds to finance a more complete organization, however, are not at present available. Budget proposals for financing the work on a permanent basis in the year 1918-19 are being prepared by the committee on health, hospitals and nursing of the state Council of National Defense. It is felt also that the health authorities should have wider power in dealing with infected persons to insure the most effective work.

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Refer to Dr. Sherman's article, Surgery, Gynecology and Obstetrics, March, 1917, on the Carrel Method of Wound Sterilization.

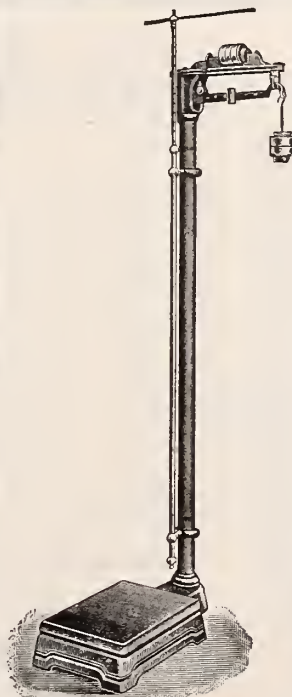
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DEATHS IN OHIO

John Walter Costolo, M. D., Medical College of Ohio, Cincinnati, 1883; aged 66; member of the Ohio State Medical Association; died at his home in Sidney, March 7. Dr. Costolo had been suffering from an abscess back of the eye and recently underwent two operations at Seton Hospital, Cincinnati. Before entering the Medical College of Ohio he read medicine with Dr. Hamer of Fort Loramie and Dr. Edward F. Wells of Minster. He was instrumental in establishing the Lima Tuberculosis Hospital and served as its first superintendent for three years. When the call for physicians was issued Dr. Costolo offered his services but was disqualified by reason of his age and the affected eye. His wife survives.

Pren M. Moore, M. D., Miami Medical College, Cincinnati, 1873; aged 71; died at his home in Warsaw, March 13. Dr. Moore had been ill since November but gave up his practice only two weeks before his death. He was unmarried and made his home with his sister.

Susan Maria Steward, M. D., New York Medical College and Hospital for Women, New York City, 1870; aged 72; died at her home in Wilber-

force, March 7. Dr. Steward was resident physician at Wilberforce University.

Dyer J. Jenkins, M. D., Starling Medical College, Columbus, 1893; aged 45; member of the Ohio State Medical Association; was killed March 19, when an explosion occurred while he was cleaning the private acetylene lighting plant in the rear of his home. Dr. Jenkins did not regain consciousness, living but fifteen minutes after the accident. He leaves a wife and one son.

James M. Greenslade, M. D., Rush Medical College, Chicago, 1899; aged 55; died at Lima City Hospital, March 21, after an illness of a year's duration. Dr. Greenslade practiced medicine in Wapakoneta for fifteen years, coming from that city to Lima to become superintendent of public schools and later resuming the practice of his profession. Surviving are four children and five grandchildren.

Harrison G. Wagner, M. D., Cleveland College of Physicians and Surgeons, 1895; aged 53; member of the Ohio State Medical Association; died at Lakeside Hospital, Cleveland, March 31, after an illness of about seven weeks. Dr. Wagner was formerly a member of the teaching staff of his alma mater and for many years has been associated in practice with Dr. Charles F. Hoover. He is survived by four brothers and one sister.



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War Emergency Makes it Necessary for State Association to Temporarily Abandon Post-Graduate Work

We are sorry to announce that probably it will be necessary for the State Association to abandon its completed plans for the presentation of the post graduate lectures this year. Dr. John Phillips of Cleveland, assistant professor of Medicine at Western Reserve University, who was commissioned by the Committee on Medical Education to prepare and present the lecture, has been called to Army service, and is now stationed at Camp Upton, where he is engaged in cardio-vascular work.

We realize that this announcement will be a disappointment to many of our members, but we feel that the explanation will be completely satisfactory. Dr. Charles Edwin Briggs of Cleveland, chairman of the committee, is endeavoring to find a substitute, but the heavy demands of war service, particularly upon the teaching institutions, makes it improbable that he will be successful.

Dr. Phillips had prepared for presentation an extensive lecture on "Important Considerations Regarding Clinical Diagnosis." It was intended to present for the consideration of the general practitioner various diagnostic procedures that could and should be made a part of everyday practice. It was intended, further, to familiarize

general practitioners with the more involved laboratory procedures so that they might better interpret laboratory findings.

Dr. Phillips' lecture was to have been the third of the series developed by the State Association two years ago. It will be remembered Dr. Briggs held these meetings throughout the state, presenting the subject of Fractures and Dislocations. Last year Dr. William D. Porter, of Cincinnati, in a similar series covered the subject of Obstetrics. These lectures were so successful that many requests have been filed for the third series.

NINETY-SECOND BIRTHDAY.

The Pasadena Star, published at Pasadena, California, carried an interesting story in a recent edition concerning a celebration held on February 22 in honor of the ninety-second anniversary of Dr. A. M. Sherman, formerly of Kent, Ohio. Dr. Sherman is the oldest living physician identified with the practice of medicine in Portage County. He practiced in Kent for nearly fifty years. On the above date a dinner was given in Dr. Sherman's honor by the Octogenarian Club of Southern California, the membership of which is limited to an even dozen and whose youngest member is 81 years old.

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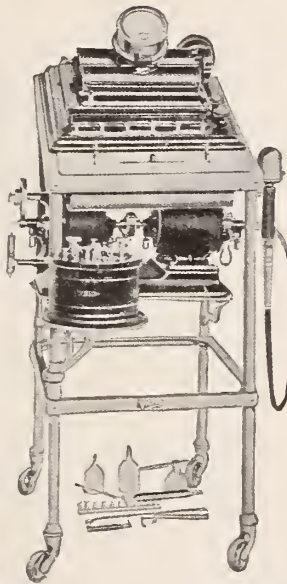
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NEWS NOTES OF OHIO

Cincinnati—Dr. Harry M. Box, assistant fire and police surgeon, has been promoted to chief surgeon to serve during the absence of Dr. J. Stewart Hagen, in military service.

Christiansburg—Dr. John M. Sayler has moved to Dayton, where he will devote a portion of his time to looking after a farm which he has purchased to the northwest of that city.

Cleveland—Dr. Martin Friedrich was seriously injured, March 30, when he was thrown from his feet by a touring car which was hurled on the sidewalk when it collided with a heavy truck.

Wilmington—Dr. G. W. Wire has resigned as health officer of this city and Dr. Frank A. Peelle has been named to fill the position. Ill health is given as the reason for Dr. Wire's resignation.

Fremont—Dr. William I. McCowan, who recently moved here from Summerfield, has accepted a position as examining physician for the Overland Company in Toledo and moved to that city.

Columbus—At the recent meeting of the Association of American Medical Colleges in Chicago, Dr. William J. Means, who for many years has been chairman of its executive council, was elected president.

Cincinnati—Dr. J. B. Rogers, provisional appointee as bacteriologist at the Anti-Tuberculosis Hospital, has been appointed permanently to that position, having qualified at a recent civil service examination.

Springfield—Dr. Clarence L. Babcock, dairy and food inspector at this city, has been given a temporary appointment as chief of the dairy and food division of the Akron health department at a salary of \$2,400.

Cleveland—Dr. Walter H. Rieger, who for the past eight years has been surgeon for the Cleveland Railway Company and house physician at the Hollenden Hotel, took up his new duties as house surgeon at Manhattan Hospital, New York City.

Toledo—Dr. Chester W. Waggoner has been appointed health commissioner of this city to succeed Dr. Charles C. Dreyer. He will continue in private practice, devoting a portion of his time to general supervision of the public health department.

Lima—Dr. William H. Parent has received notification of his appointment to membership on the local medical advisory board. He has been serving in that capacity since January when he was temporarily appointed to fill the position vacated by Dr. Perry I. Tussing.



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(1918)



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In health reports from camps and cantonments, typhoid cases are exceedingly rare, and when reported, are usually individuals who by some oversight have evaded immunization.

In the United States over 400,000 persons are incapacitated and over 30,000 die of typhoid fever each year* notwithstanding the fact that the immunizing value of typhoid bacterin and serobacterin is thoroughly established.

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*United States Public Health Bulletin No. 69, May, 1915.

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The Time Has Come, Doctor. No One of Us Can Longer Say: "I'll Go When the Government Really Needs Me"

The Army of the United States—that great force of brave and liberty-loving men now fighting in Flanders, and in training on this side of the Atlantic—needs 5,000 physicians at once. Surgeon General Gorgas has therefore issued a call for 5,000 volunteers for commissions in the Medical Officers' Reserve Corps. Because of Ohio's relatively poor showing up to this time, the Surgeon General has assigned to Ohio the task of producing 500 of these applications.

In substance, this means that a large number of men in this state who have felt all along that they should answer this call, and who have been postponing definite action for one reason or another, must now—this month—face the realization that the time has come.

The State Council for National Defense, Medical Section, has inaugurated what might be termed a recruiting "drive" to interest the physicians of Ohio. It has not established definite quotas for each county. It has proceeded on the theory that there are at least 500 physicians in this state who have been waiting for this stage of the war need, and who will respond instantly when the facts are presented.

We are delighted to announce that when this issue of *The Journal* went to press, after only a few days of recruiting work, the response had been splendid, but to date it has not been sufficient. More men are needed. More must make the sacrifice!

* * *

The Public, Today, is Watching the Profession

It is not the purpose of *The Journal* to urge any physician of Ohio to enter military service. Rather it is our purpose to request that every man individually take stock of his exact situation and determine for himself, fairly and squarely, whether he can afford to longer refrain from answering his country's call.

In passing, it is well to call attention to one factor that should not be lightly considered: The general public—particularly in this state where the call to the colors has met with such overwhelming response—is gradually becoming informed as to the real need for medical men in the Army and Navy. They are becoming informed of the danger that surrounds their boys where such medical attention is not available. The result is that, in an increasing degree, the public will scrutinize the excuses of those medical men who can and should go into Army service, and who are hanging back for selfish reasons.

When this great world war is ended and our millions of fighting men have returned to their homes, the physician who deliberately ignored this call will be a mighty unpopular man in these United States. This is a fact that cannot be overlooked.

This condition undoubtedly will work a hardship in the cases of many men who for good and sufficient reasons, cannot enter the Army. Many are prevented by reason of civil needs—teachers in medical colleges that must be kept in operation if the necessary physicians are to be produced; men essential to hospital, industrial plant, and institutional work, which cannot be permitted to lapse; men with dependents who might suffer seriously; and others who have real reasons that prevent them from joining the fighting forces. The government at Washington recognizes this fact, and in justice to these men is developing a plan for civilian medical corps that will place them in the right light before the home people. The writer is familiar with these plans and he knows definitely that *such protection will be afforded only to those men who have real reasons for staying at home.*

When this new civilian medical corps is developed, during the summer months, it will inevitably clarify the situation and place the public in a much better position to judge each individual physician in each community. We predict that before the end of the summer here in Ohio the medical man who wears neither the insignia of the civilian corps nor the regulation khaki will have a mighty difficult time explaining his situation to his fellow townsmen.

Conditions Surrounding Army Service are Improving

A recent issue of the Journal of the American Medical Association called attention to the fact that the physician who volunteers for the Medical Reserve Corps at this time does so under different circumstances than did the men who volunteered a year ago when our country entered the war. Constructive legislation in the intervening period has removed many of the difficulties which at that time confronted the physician who faced the question as to whether or not he could volunteer for service. Congress has since provided for the care of dependents, for insurance and compensation, for increased pay on foreign service, for commutation of quarters, heat and light, for a moratorium on debts and leases of officers in the service, and for reconstruction and re-education of the disabled and injured. Army regulations now provide that officers may purchase equipment directly from the Quartermaster's Department. Physicians who entered the service over a year ago did so without the assurance that this new legislation conveys. They made greater sacrifices than are required now.

The physician who comes into the Medical Reserve Corps today probably has been confronted with circumstances which prevented him from volunteering earlier. Many have hesitated because of fear as to the care of their dependents, of the inadequacy of the salary of a medical officer, of provision for their dependents in case of unfortunate disaster to themselves. To these men the Medical Department of the Army can now say that there is no longer cause for such fears and doubts.

The medical profession of Great Britain, well-nigh exhausted by the drains on its services, will volunteer quickly to fill new demands. The American medical profession will do no less nobly. *The time has come for every medical man under 55 years of age, who is physically qualified, to consider seriously for himself the question of his duty to his government.*

* * *

Young Men--This is Your Opportunity!

A review of the situation in Ohio emphasizes rather strongly the fact that the chief defection in the medical profession has occurred in the ranks of the younger men—the men who should have been the first to respond, both because they are physically and mentally eligible for the work, and because they are not so greatly needed at home.

It should not be forgotten that there are many younger men who have assumed heavy responsibilities, who simply cannot leave. For example, a man having a wife and dependent children is usually in debt. We know of several cases where such men are wild to enter service. The fact that they cannot has caused them to suffer keenly. These men should not be judged harshly.

The type of youngster who needs criticism is the young man with no responsibilities or dependents, who is simply taking advantage of this world crisis to estab-

lish himself in a practice that has been temporarily abandoned by one who has gone to the Front. To him, the war offers merely an opportunity to quickly acquire "a good business." This youngster should stop and think. He should speculate as to the position he will occupy in that community when the troops come marching home.

There is in fact little excuse for the younger men to evade Army service. The United States Army Medical Corps now has 1100 vacancies and officers for 650 of these are urgently needed. It is not a sacrifice—the men who can answer this call are in any event practically within the draft age. It is a call to them to choose the Army medical service, not as a temporary vocation, but as a career. Today probably every young physician gives some thought to this choice. Few, however, consider the opportunity with a full knowledge of its advantages.

America of the Future Will Have a Large Army

The medical officer is not only a physician, but a soldier. He has a double function and a double responsibility. The history of our Army medical department is full of examples of men who have fulfilled their responsibilities gloriously. The organization to which the young men are called is one of magnificent traditions, of scientific accomplishment, of transcendent present importance. It offers a position of regular employment, of fixed equable income, of steadily increasing ability, importance and emolument, of opportunity for individual study and recognition. The requirements for admission and the training of the men in the corps, the rank as an officer, insure a most desirable social atmosphere. There is association with well educated, scientific, progressive men and an absence of the petty social jealousies of civil life. The man who is personally fit can go far and achieve much.

The essential requirements are: (1) citizenship, (2) age between 22 and 32 years, (3) graduation from a well-recognized medical school, (4) one year's hospital internship, and (5) good moral character and habits. Applicants must pass an examination not difficult for men who can meet the other requirements. If successful they receive a three months' training course with full pay and allowances.

* * *

County Societies—This Job is Facing You

The State Council of Defense, Medical Section, has asked county medical societies throughout the state to take charge of these county recruiting campaigns. In the meantime the Council, through 100 local representatives, is conducting a quiet survey of the situation in each county. Data concerning the status of each physician is being assembled. Before long the committee will have in its possession complete and fairly accurate information concerning practically every physician in the state. Much of this information has already been collected. It is being collected in advance of the period which all of us hope will not be necessary—the Federal draft of physicians.

In conclusion we repeat that the object of this statement is to induce each physician in Ohio who might be available for military service to take careful stock at this time of his exact status. Consult with your colleagues, particularly with the older men, whose judgment will be of value. And remember that in arriving at your conclusion, no one of us can say from this time forward—"I am ready to respond when the government really needs me."

Ohio, Lagging Thus Far, Must Lag No Longer!

The government needs you now. Surgeon General Gorgas has spoken in no uncertain terms. His appeal is of particular significance to Ohio because our response to date has been relatively very poor. The Surgeon General's record of May 1 shows Ohio to stand 43rd in the list of states. Only New Hampshire, Oklahoma, Arkansas, Colorado, Wyoming and Iowa have made a poorer record. Illinois, Michigan, Pennsylvania, New York have far out-distanced us.

If, after you have made your decision and it directs you to decide in favor of your country and your flag, act immediately. Get in touch forthwith, with the medical examining officers in Cleveland, Columbus or Cincinnati, or write the Surgeon General for application blanks and instructions.

Please Be More Careful

Physicians in several cities of the state, despite frequent warnings, have recently been victimized again by a young man known as Paul McDermott, who claims to represent leading book publishers. McDermott, who is a man of good appearance, carries with him what purports to be credentials issued by the "Pennsylvania Engineering Committee," which state that he is "working his way through college" and that favors will be appreciated. He also glibly presents a statement from a bonding company which lends plausibility to his talk. In Columbus he offered discounts to certain doctors and collected money in the name of Lea and Febiger, The W. B. Saunders Company and other prominent concerns. Both publishing house have, of course, repudiated him. Saunders report that they have been trying to catch him for some months and that he was convicted and served one year for a similar offense in California about two years ago. If this young man makes his appearance in your office, quietly notify the police and have him held until The W. B. Saunders Company can be notified.

It seems useless to reiterate the warning that extreme care should be taken before money is paid to any person not personally known to you. The Saunders Company has warned the profession from time to time against this particular shark—but he continues business at the same old stand.

Helping the Army Doctor

An important new field of work for medical associations is rapidly developing. It lies in the opportunity to bring organized civilian support behind legislative measures designed to improve Army conditions, and particularly conditions affecting medical officers in military service. A good example of the value of this work is the recent passage by Congress of Senate Bill No. 3863—which was indorsed by practically all of our county societies in Ohio and was brought by them to the attention of our Ohio Congressmen.

Senate Bill No. 3863 provides that all commissioned officers of the Army on duty in the field who maintain a residence for wife or dependent parents shall be furnished quarters at the place where the residence is maintained, without regard to personal quarters furnished to the officers elsewhere. To a lieutenant who must provide quarters for his wife or dependents it will mean additional remuneration amounting to \$46.12 per month; to a captain, \$59.74, and to a major, \$73.27.

Army officers were prevented by the regulations from urging the passage of the legislation, but several of the Ohio doctors appealed to us to enlist civilian support for the bill. The response from this state was splendid, and several Ohio Congressmen were influential in hastening the bill's progress.

Massillon—A Splendid Example

Recently it was our pleasure to visit Massillon and inspect its hospital facilities, actual and planned. For some time we have heard reports of wonderful hospital development there, and the facts substantiate the report. We doubt if there is a city in the country of 18,000 population—or even near that size—that provides such exceptional hospital care as Massillon will offer when present plans are worked out.

The nucleus of the new city hospital group will be the original main building, which was built in 1911 at a cost of \$150,000. This has been dismantled and converted into an administration and ward building. The wards will accommodate 50 patients in first-class manner.

Adjoining the main building a pavilion of modern design and construction has been completed with a capacity of 40 patients. At present this is being used for general service, but under the new plan it will be devoted entirely to obstetrics and children's diseases. The pavilion cost \$110,000 and offers exceptional facilities for this work.

On the beautiful hospital grounds there has just been completed a beautiful and substantial nurses' home, with first-class provision for the housing and training of 60 pupil nurses. This modern structure will make it possible for the nurse training school to secure pupils from the entire northeastern Ohio section. Special provision is made for class room work which will insure pupil nurses the best teaching facilities. This plant was erected at a cost of \$115,000.

As it stands today, therefore, Massillon has splendid and unusual hospital facilities, but the chief glory of the group will be the new pavilion for which the money has been contributed. It will be of ultra-modern construction, 50 by 175 feet in length and six stories in height. Many splendid features are being incorporated in the plan. For example, there will be an enclosed roof pavilion which will provide exceptional opportunity for treatment of tuberculosis. The pavilion will have four modern operating rooms. There will be administration units on each floor, and there will be available a number of private suites with bath. Plans call for a pavilion of 125 rooms and the plant will cost about \$300,000. The pavilion will increase the total bed capacity of the entire institution to 250, and will include practically every kind of medical and surgical care.

With the completion of this new group, a larger power building will be necessary. Additional ground is being acquired, and a separate small isolation hospital is contemplated.

The amazing thing about the Massillon hospital situation is the ease with which money is secured for the development of this great work. Massillon is a wealthy community. Furthermore, the men who control the wealth are public spirited and forward looking. Where other communities

turn to money raising campaigns and to the rank and file of their population, to produce hospital funds, Massillon turns to its wealthiest citizens—and they respond.

The original fifty-bed plant and the wonderful grounds were the gift of J. F. Pocock. Mr. and Mrs. David Reed presented the \$110,000 obstetric pavilion. C. M. Russell, a manufacturer, built the nurses' home as a memorial to his wife. The \$300,000 needed for the new unit was contributed by the six major industrial concerns of the community and Mr. C. M. Russell.

In a like manner, these wealthier citizens provide for operating deficits when they occur. The city furnishes a comparatively small per cent. of the income. Careful management has kept the deficit low, but at the end of the year the wealthier benefactors provide the needed amount.

The development of the group is an indication of the splendid humanity that marks the big men of Massillon. Likewise, it is a wonderful tribute to the local profession. It indicates the complete confidence which the community has in them. We have a private opinion that the wonderful energy, enthusiasm and persuasive powers of our very good friend, Dr. Dan Gardner, is a big factor in the whole thing.

Asks Government to Rehabilitate

An earnest plea is made by John A. Lapp, Director of Investigations of the Ohio Health and Old Age Insurance Commission, for inclusion within the bill now pending in Congress of a provision providing for the rehabilitation of persons injured in industry. The amendment is to be included in the pending legislation for rehabilitation of crippled soldiers and sailors.

It is pointed out by Mr. Lapp that rehabilitation of the large number of cripples in industry, whether by accident or disease, is one of the very necessary steps to the adequate completion of workmen's compensation, and to make any prospective system of health insurance which might be adopted of its maximum possible value.

"It is logical," says Mr. Lapp, "that the rehabilitation, both physical and vocational, of men who are injured in industry, should follow closely upon the movement for the rehabilitation of soldiers and sailors. It ought to be the first object of society to restore men, so far as possible, physically. Until this is done, any system of financial compensation cannot do its greatest good, and the course of the government with respect to crippled soldiers and sailors ought to be only the opening wedge of that still larger problem of rehabilitating the handicapped man who is disabled in industry, or who is incapacitated by disease."

In discussing the plans for tardy justice to the thousands whom we have daily been throwing upon the scrap heap, Mr. Lapp says: "When you

think of the thousands of men who are sentenced to death in industry because they are unable to change their vocation, and who must, therefore, suffer health hazards which they cannot escape, it must appear that here is a problem demanding the most comprehensive treatment. What is a person to do who has contracted tuberculosis in indoor work, and who must get into some outside occupation if he is to live. He has no means of re-educating himself for other work; he must suffer and die while we stand by, helpless.

"From the standpoint of social insurance it appears that adequate provision should be made for rehabilitation of all persons disabled by accidents or disease. At least, the opportunity should be afforded to every person to re-establish himself as an independent unit of society. That opportunity has not been provided, accounts for the vast amount of dependency and pauperism in this country."

Splendid Tribute to Dr. Matson

The check for \$1500, which recently was turned over to Mrs. Matson by the George H. Matson Memorial Committee, represents probably the finest tribute ever paid by the physicians of Ohio to a departed brother.

Little or no publicity has been given to the work of this committee which was selected some months ago by the presidents of the three state medical associations in Ohio to raise a testimonial fund that would in a measure express to the widow and daughters the high esteem in which Dr. Matson was held by medical men of the state. Dr. T. A. McCann of Dayton, represented the Homeopathic Medical Society of Ohio; Dr. J. G. Sherman of Columbus, represented the Ohio Eclectic Medical Association, and Dr. J. H. J. Upham of Columbus, the Ohio State Medical Association. Executive Secretary Sheridan of the Association, acted as secretary of the committee.

The matter was presented to the component county societies of these state associations, and the response was very prompt, despite the numerous demands made upon the purses of physicians by reason of the war. Most of the counties met the tentative apportionment which was assigned by the committee. Several exceeded the quota we had suggested. The result is a fund that at present totals \$2,000, and we are advised that this will be slightly increased.

The committee recently delivered a check for \$1500 to Mrs. Matson and as soon as the collection is completed, will remit the balance to her.

Dr. Matson's long years of devotion to the interest of the medical profession made it impossible for him to amass any considerable estate, particularly when he was taken off so suddenly in the very prime of his life. His eldest daughter is just completing college, while the younger is just starting. The money therefore will come in very nicely. Mrs. Matson and the daughters were

extremely grateful for the money, and particularly for the spirit which manifested itself in this action.

A complete financial statement accounting for all receipts has been prepared by the committee and submitted to the various associations. This will be supplemented when the fund will be finally closed next month.

Governor Names Physician

Governor Cox, in response to a suggestion by the Ohio State Medical Association, has appointed a physician to membership on the State Board of Administration, thereby returning to the precedent established by Governor Harmon in the original formation of the board. Dr. Edward E. Reinert of Columbus is the recipient of the honor.

Dr. A. F. Shepherd of Dayton, was a member of the board for many years. After his retirement, Governor Cox felt that a construction engineer was needed in the organization, and appointed Mr. H. S. Riddle, a very well qualified man. For some months the board has been without a medical member, and the appointment of Dr. Reinert indicates that the governor has during this period learned that a physician member is practically a necessity.

The appointment of Dr. Reinert was recommended to Governor Cox by a number of his colleagues here in Columbus. We feel that he is well qualified for this responsible position and certainly the important treatment phase of the state's work will fare better with a medical man at headquarters.

Hancock County's Plan

Hancock County Medical Society has in operation a practical plan of co-operation between civilian physicians and those who have left the county to join the Army. Dr. Nelia B. Kennedy of Findlay, the secretary, advised us in answer to a recent inquiry that the plan is working out very nicely.

At the Springfield session last year the State Association recommended that county societies throughout the state adopt a plan whereby physicians remaining at home would remit to military physicians one-third of the fees collected from the patients of the absentees. This rule has been very generally accepted throughout the state, but in several communities difficulties in operation have been encountered. The chief of these is the fact that it is very difficult to arbitrarily determine the patients of the absent doctor. The result has been that a complete development of the plan has been impossible and it has become more a matter of personal arrangement between physicians practicing in neighborhood localities.

In Hancock County, however, an effort has been

made to systematize the work. Every man who enlists is requested to submit to the society a list of the people in the community whom he considers his patients. This list is passed upon by two other members of the society, and if satisfactory, is printed. Copies of these printed lists are furnished by the secretary to society members. These members who remain at home are pledged to keep separate books of their dealings with patients whose names are included in these printed lists, and to remit to the dependents of the absent member one-third of the net proceeds from these listed patients.

The plan is further supplemented by a card which the society publishes in the newspapers of the county containing the names of physicians who are in active military service. Individuals and heads of families are asked to notify the secretary of the county society if they consider any of the listed physicians as their personal or family physician. When the secretary is so notified these members are added to the lists that have been submitted previously by the physicians.

Further, in each physician's office appears a printed card requesting the patient to notify the physician he is about to consult if he considers one of the absent military doctors his regular physician.

Hancock County at this time has seven physicians in active military service. Dr. Kennedy writes that the remaining physicians are standing by their pledges and that in many cases the absent men are given the benefit of the doubt. This plan is worthy of consideration by other county societies. As the military demands increase and more and more physicians are called to service, the obligation of the civil physician who remains at home will be steadily increased, and we are sure that all of them will be more than willing to follow a plan of this sort.

Let's Get Together at Chicago

Inasmuch as there will be a large delegation from Ohio in Chicago on June 10, plans are being made to make the Hotel Sherman headquarters for the visitors from Ohio.

Executive Secretary Sheridan has arranged for adjoining rooms for several Ohioans for June 9, 10, 11 and 12. He still has two or three vacant rooms for these dates. If you are planning to visit Chicago and want a room for the four nights, wire or telephone Mr. Sheridan at the Columbus office immediately.

In previous years there has been no general headquarters for the Ohio men who attend the American Medical meeting. It is believed that by providing this central meeting point we can get together more effectively.

Present indications are that Chicago will be crowded during the convention. Those who have not done so should make hotel reservations imme-

diately. A list of the section locations was published in the May *Journal*, page 26. Hotel Sherman, where the Ohio rooms will be located, is to be the general headquarters of the convention.

Physical Examination of Employees

The question of physical examination of employees as a requisite for employment, is attracting considerable attention—particularly in the industrial centers through the state. Dr. N. M. Jones, Cleveland, surgeon of East Ohio Gas Company, in a recent paper before the Fifth Conference of Industrial Physicians and Surgeons, at Harrisburg, Pennsylvania, discusses the question in an interesting manner:

"The physical examination of employees is one on which we of the profession are fairly agreed. Yet it is not so with employer and employees, at least in my experience. Many employees object to it as an infringement on personal liberty, and their objections at times have been most emphatic. This has, I presume, been met by all of you. The most effective arguments which I have found in answer to these objections have been, first, to point out the personal benefit to the employee of finding out his own physical condition free of cost, a service not obtainable by him as a private individual for less than from five to ten dollars; and, secondly, to direct his attention to the lessened hazard of infection from fellow workers by the elimination of tuberculars and syphilitics. More surprising, however, than the opposition of the employee is that of the employer, and I must confess that in one instance I have been unable to overcome it. In this case the opposition has been based largely upon the cost of service, and I have not been able to convince this corporation that the cost is far more than offset by the increased efficiency.

"Two recent examples in the service of this company should have taught the lesson, but as yet they have not done so. One case was that of a laborer employed some three or four months previously. A foreman reported that he had not been at work for several days, and upon investigation it was found that he was ill. I was asked to see him and found him suffering from a strangulated femoral hernia, which he claimed had been caused by heavy lifting some four or five days previously during the course of his employment. Upon opening the sac I encountered some eight inches of gangrenous gut and had to resect. The patient died of delirium tremens two or three days later. Had this man been examined previous to his employment he would have been rejected upon two counts—alcoholism and hernia—and the company would have been spared a costly lawsuit.

"The other was the case of a tubercular, in rather advanced stage, the expense of whose protracted illness the company was induced to bear,

though they were unable to repair the harm of having exposed to his infection two of his fellow workers whose tuberculosis I was able to trace to this case.

"What to do, then, with tuberculars, luetics, alcoholics and the sufferers from gonococcal infection has been the principal problem encountered in the purely medical phase of my work. It may be of interest to you that in two of my companies practically 8 per cent. of those examined have been rejected for one or the other of these four causes.

Has Your Community the Right to Be Proud?

Is your community proud of its Liberty Bond and Thrift Stamp Sales, its Red Cross subscriptions and its other war services?

It has no right to unalloyed pride in these "bits," declares the State Department of Health, unless it is also carrying on effective work to protect the public health.

"We must back up our soldiers with health as well as with money," the department's statement said.

"The community which, through careless health administration, allows a visiting Sammy to be exposed to a communicable disease, is guilty of aiding the enemy. Strict enforcement of sanitary regulations is necessary and important at all times, but it is doubly important now, with men so congregated in the cantonments that the exposure of any one of them may mean scores of cases of illness and perhaps deaths."

Scientific Accident Prevention

The development of accident prevention work has been very rapid in the state. The industrial commission has recently taken an advanced step by the establishment of an accident prevention laboratory. In this laboratory each accident reported to the commission is analyzed the instant it reaches the department. As a result, whenever any adverse condition develops in any industrial plant, by this analysis it is detected at once and is transmitted to the Workshop and Factory Department, which promptly takes steps to correct the condition.

As a concrete case, two days after this accident-prevention laboratory had been established, there came to the department from a silk manufacturing concern a report of three injuries caused from acid fumes. The following day this company reported four accidents from the same cause. This condition was at once reported to the Workshop and Factory Department, which by the following day had called upon the plant and corrected the condition that was producing these accidents.

It now seems clear that the laboratory is going to result in a great reduction of industrial accidents in the state.

*Original Articles***Early Diagnosis of Gastric Cancer**

Willard C. Stoner, M.D., Cleveland

Major, M. R. C., U. S. A.

EARLY diagnosis of gastric cancer implies a diagnosis made sufficiently early to permit a cure. Observation has shown that the diagnosis of a curable malignancy must be made at a time when the process is wholly localized and when the most complete clinical investigation is oftentimes found insufficient to establish the presence of disease. It is the case that clinically is diagnosed ulcer that pathologically shows the changes of malignancy, which on removal makes a surgical cure possible. It is obvious that the earliest possible diagnosis is essential to a cure and this means diagnosis before detection of a tumor mass generally. However, palpation of a tumor is not an absolute index to advancement of the disease process.

What are the means at hand to establish this early diagnosis? First, the history of the case which must take into consideration previous gastric disturbances such as point to ulceration, common history of dyspepsia with gas eructations, pyrosis and constipation. No case should go by without most careful investigation on whom a history of dyspepsia is given, be the disturbance little or great. As our knowledge of extra gastric lesions has increased it has become more and more difficult to make a positive diagnosis of gastric ulcer. Indeed, extra gastric lesions are so frequent that a positive diagnosis of gastric ulcer without a definite ulcer history becomes very difficult. Age is an important factor and modern observation has not disproven observation of the past that cancer is most common between the ages of 40 and 70 years. However, age limit forms no barrier against existence for it is not uncommon to find its presence earlier than midlife. Carcinoma is no more limited to past midlife than sarcoma to midlife. Precancerous history is one of very great importance and chronic ulcer symptoms are found in quite a large per cent. of cases, that is, epigastric pain bearing a definite relation to ingestion of food, epigastric tenderness, vomiting (hematemesis) with signs of hyperchlorhydria. While the relation that gastric ulcer bears to gastric cancer cannot be definitely determined, it seems evident that gastric ulcer is a forerunner of malignancy in a certain per cent. of cases in contradistinction to duodenal ulcers which are relatively frequent, yet malignancy of the duodenum is very infrequent. No doubt secretions play an important role in this

production as malignancy very uncommonly develops where gastro enterostomy has been done for gastric ulcer and regurgitation of duodenal secretions are present in the stomach.

A careful physical examination may reveal the presence of a tumor mass in the epigastrium but as before stated this finding speaks for an advanced process which metastases already present.

Examination of the expressed test meal gives the following findings; possible evidence of delayed motility or early emptying time. A certain per cent. of cases will show absence of hydrochloric acid, a certain per cent. will show hypochlorhydria and a certain small per cent. will show hyperchlorhydria. Hyperchlorhydria is not inconsistent with early malignancy, especially in that type of case that gives a definite chronic ulcer history with hyperchlorhydria. Lactic acid may or may not be present; occult blood as shown by the benzidin or guaiac test is present in a majority of cases. Boas-Oppler Bacilli and sarcinae may be found in a small per cent. of cases. The Wolff-Jungham's test for soluble albumin will be positive in quite a large per cent. of cases where the acidity is reduced. This test has considerable value where symptoms of obstruction are not present when taken in consideration with other evidence.

Examination of the stool reveals little of value aside from the presence of occult blood and this must be interpreted; absence of occult blood is presumptive evidence against malignancy. Roentgen examination has considerable clinical value. In well established malignancy it can only give confirmatory evidence of clinical findings, but in early malignancy or the well developed, unrecognized malignancy it may visualize the process very definitely and be of great value in establishing a diagnosis. Unfortunately the X-ray may be wholly wanting in the early case where positive evidence is most needed and if followed too closely may be wholly misleading. Locating the site of lesion is of distinct value in determining surgical interference, e. g., the calloused ulcer that is undergoing malignant degeneration. X-ray gives us little evidence in the primary gastric cancer early enough to make surgical interference successful. The greatest value the X-ray has is confirmatory; it cannot replace clinical findings in any way. However, visualization of the process makes it a valuable check always. Fluoroscopic examination is a valuable means of determining the motory function of the stomach

*As the rules of the Army Medical Corps require its members to submit papers to the Surgeon General's office for approval before publication, we wish to explain that this article was prepared by Major Stone for the special cancer number published in June, 1917, prior to his entrance into Army service.

but plates are necessary to give detail in filling defects.

Blood examination in early malignancy gives little of diagnostic value. A degree of secondary anemia may be present, but not sufficient to be of diagnostic significance in early malignancy. When cachexia and profound anemia are present the case is no longer early. Special blood tests have given little of value, e. g., Abderhalden test for the presence of a specific ferment or the tryptin test of Bergmann and Meyer. The Miostagmin reaction which is dependent upon physical chemistry has no real clinical value. In establishing a clinical diagnosis of early malignancy the following clinical conditions should be taken into consideration: peptic or duodenal ulcer, gall bladder disease, cancer of gall tract, tumors

of other structures, syphilis, appendicitis, pancreatic disease, achylia gastrica and polypoid adenoma.

To determine the presence of any one of the foregoing may demand more than clinical investigation can afford, but when in doubt an exploratory incision is always justifiable. Not until the public is educated to the importance of careful clinical investigation on the part of a competent physician on the slightest evidence of ill health, and the physician routinely investigates vague conditions, will cancer of the stomach be diagnosed early and hence cured. It is to be hoped that scientific medicine will discover a cause and cure of gastric malignancy for which surgery has accomplished little.

A Campaign Against Venereal Diseases in the State of Ohio*

H. N. Cole, M. D., Cleveland

Director, Bureau Venereal Diseases, State of Ohio.

THE city of Toledo has had brought to its mind in the past few weeks the extreme measures that our government is taking to keep our soldiers fit and to protect our general populace. I refer to the raid that was recently made which removed what we might call the last official zone of prostitution remaining in the state of Ohio.

Since our nation has entered this World War we have had brought to our minds in a way, such as never before, the fact that we must keep our soldiers fit if we wish to be at our maximum strength. As Secretary of War Baker puts it: "It is a matter of urgent military responsibility that the community be made safe for the soldier. It is the business of the War Department to see that the soldier is made safe for the community. This is your business whether you be citizen or soldier."

In the first year of the war one nation had more men disabled from venereal diseases than from wounds and disabilities incident to general warfare (*Social Hygiene*, Vol. 2, page 215). We read: "A regiment stationed in a training camp sustained greater casualties from venereal diseases than did another regiment recruited at the same time in one of the bloodiest battles of the war." In a notation from the *Vienna Reporter* in the American Medical Association, March 10, 1917, page 814, we read: "The number of syphilitics in the army must certainly be several hundreds of thousands. Since the war began a total equivalent of 60 divisions have been temporarily withdrawn from the fighting for venereal diseases." And Dr. Elliott in the *Survey* of September 8, 1918, well says: "The failure of the . . . government to protect their soldiers from these evils (sexual vice and alcoholism) is the greatest error that the . . .

government has committed for these vices have proved more destructive to the people since 1914 than all the artillery, rifles, hand grenades, cartridges, poisonous gases and fire blasts. Those killed by shot and shell transmit no poison to their families and descendants. The victims of alcoholism and prostitution do."

Professor Albert Neisser in the *Frankfurter Zeitung* for January, 1915, writes: "Thousands upon thousands are withdrawn from the fighting army for weeks. But they are not only missed as fighters; they also cause expense and great obstruction through their transportation back home and through the necessity of establishing hospitals for thousands who were not wounded by the enemy. They burden the doctors so necessary for the care of the wounded. But the very worst part of the venereal diseases is not the diseased condition immediately following infection, but the ailments frequently developed in later years when the war is long past and the old infection already forgotten and the transmission of the disease to the family after the return of the troops to their homes."

In the *Official Bulletin* of November 20, 1917, page 6, we read: "At one National Guard camp, 502 new cases of venereal diseases were reported in one week." Now this does not mean that there are more venereal diseases in the army than outside of it. In fact, the contrary is the case, for it has been found that our soldiers, when they are safely under the careful protection of the army, are freer from venereal diseases than in civilian life. It is to make our future soldiers safe for the army and to protect our communities, that this campaign against venereal diseases is being undertaken by the government. What are the means at our disposal that must be used in the state of Ohio? Do we at present have suffi-

cient laws to take care of these cases, or is legislation required at once? At present, according to the General Code of Ohio, Section 12797, Section 1247 and Section 4227, both gonorrhea and syphilis must be reported to the State Board of Health by physicians, there being a penalty for not reporting a case of not to exceed \$100 or imprisonment for not to exceed 90 days, or both, but no person shall be imprisoned for the first offense, so that probably for the present it will be our policy to try to work without any new legislation. We find in the city of Cleveland, that we have no trouble at all in controlling these cases with the present legislation at hand: Our campaign is to be somewhat on the present lines:

First, direct control of all cases of venereal diseases. By this we mean the reporting of the case and also the source, for thereby we shall be in a position to remove many of its carriers. Thus far in the state of Ohio very few cases of syphilis and gonorrhea have been reported. It is the intention at first to merely get the names, numbers, ages, etc., so that we can get an idea as to the location and number of these diseases. This is also true of carriers. In a few years this information will be of great assistance to us in carrying on our work. Moreover, through information in regard to carriers, we will be able to prevent the occurrence of many future cases.

Secondly, we desire to increase our measures for the diagnosis of these cases. This can be done in several ways. In the first place, the state of Ohio is planning, and now has under way, a scheme for free Wassermann blood and spinal fluid tests, and free examinations of smears for gonococci. It is also our plan to have organized in all cities, approved public clinics. These clinics must be of a very high standard if we wish to get good results. They must have competent, well-trained men at their heads and sufficient time must be given to the work. I think the regulations as required in the state of California for treating both syphilis and gonorrhea are very good. In this regard the syphilis clinics must be well equipped with room, laboratory facilities including dark field illuminators, apparatus for administration of salvarsan, and opportunities for Wassermann's test, either in the laboratory in connection with the clinic, or in a nearby laboratory. Careful records must be kept of all the cases, and, of course, there should be a social service worker in close connection to see that the patients are kept under proper supervision. If patients are transferred at any time from one city to another this should by all means be taken care of. In connection with the gonorrhea clinic there should be thorough laboratory equipment with facilities for microscopic examinations of discharges. Urethoscopic and cystoscopic examinations should be provided and regularly employed. Records sim-

ilar to those kept in syphilitics should be kept in these cases.

Another thing that we wish very much to emphasize is the crying need of adequate hospital beds for these cases. At present, in the large city of Cleveland, we only have some twenty to thirty beds for our acute cases of syphilis. We are planning to remedy this very soon so that we will have from one hundred to one hundred fifty beds for these unfortunates and the same facilities should be provided in every city in the state as soon as possible. This is probably one of the first things that must be done in any program of venereal diseases applying both to syphilis and gonorrhea. In the state of California even small towns are taking this up enthusiastically and setting aside a certain number of beds. As time goes on and the work gets better organized, and better recognized throughout the state, we aim to encourage the formation of approved clinics and hospitals for the treatment of these diseases, by giving them free salvarsan as it is required. This, of course, can only be done to well equipped clinics that have been approved after inspection. The state of California spends from \$5,000 to \$10,000 a year on this alone and we hope to do the same in Ohio. The state of Massachusetts has set aside \$10,000 for the manufacture of a salvarsan of their own product which they are using in these places.

It will be the aim of this department to suppress prostitution as much as possible. There is no such a thing as a regulated red-light district, and the sooner we realize this the better it will be for everybody concerned.

We must also make a venereal control of the population in our penitentiaries, as Snow has found in *J. A. M. A.*, April 1, 1916, page 1003: "That in such institutions positive Wassermann's were found in proportion of from 10% up to 48% of all the inmates. The venereal quack problem must also be abolished as this is one of the most dangerous ways of propagating venereal diseases. Oregon has completely eliminated this evil and there is no reason why we cannot do the same in the state of Ohio.

Lastly, our program will consist in a state wide propaganda of education not only to the laity, but more or less also to the physicians. How many physicians are there at present who treat their cases with the protoiodid tablet alone? Unfortunately, we see too many examples of this every day and the result is sad indeed. The public will soon begin to demand that they get a certain type of treatment or they will see another physician and they are right in this demand. No man should treat a case of gonorrhea or syphilis unless he is willing to take the time to keep up to date on the subject. For the public, we propose putting out placards all over the city, in toilets of saloons, barber shops, hotels, etc. There will also be lectures given to Y. M.

C. A.'s, clubs, educational institutions, etc., and the state is also intending to spread broadcast, pamphlets intended for the instruction of young boys and girls. The newspapers and magazines will also be a valuable aid in this campaign. As a short example, I will try to give you a brief outline of what we are doing in Cleveland:

We are distributing placards through the saloons of the entire city, and, later, intending distributing in manufacturing plants, Y. M. C. A.'s, etc. Through these placards the patients are instructed to visit certain dispensaries which are the tuberculosis dispensaries, and here they are advised to visit our regular venereal clinics, which run both daily and several evenings a week. If the patient is in a dangerous condition to the community, he is so advised and sent to the Cleveland City Hospital for a certain period of time, where he receives at least three doses of salvarsan and adequate mercury to clear up his lesions. He is then referred back to the venereal clinic where he is kept under close supervision and told to come back for treatment as is necessary. In case the patient misses his visit, record of which is kept on a card index system by the social worker, he receives a postal card notifying him when he shall make another visit. If he neglects to do this the social worker calls on him. If he still

neglects, the Board of Health steps in and by force insists on his carrying out the proper measures.

We find that by this method, in a city with a large floating population, we are able to keep 65% under close supervision, and what we are doing in Cleveland, I trust we will be able to do in other parts of the state.

The state of Ohio already has at hand 10,000 framed placards of information regarding venereal diseases. Any health officer or physician desiring some of these placards may get them by applying to the State Board of Health. The Bureau of Venereal Diseases will also send out very soon in connection with the Public Health Service a circular letter and report cards for reporting their cases. There will also be enclosed five circulars of information on syphilis and gonorrhea which are to be handed to the patients and in case translation of these reports in Roumanian, Armenian, Finnish, French, Greek, Hungarian, Italian, Lithuanian, Polish, German, Swedish, Syrian, or Yiddish are desired, the same can be procured by addressing the Board of Health. The careful co-operation of all physicians is urgently requested in this work. It means much, both to the state and to the nation.

Present Status of the Diagnosis and Treatment of Acute Anterior Poliomyelitis

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A REVIEW of the medical literature, as well as the lay press, argues well to establish the fact that in the face of the seriousness of the past epidemic of anterior poliomyelitis, there is a hysterical tendency that has a far-reaching effect, and acts as a rebound in establishing facts of scientific interest to the profession and quieting mental chaos among the laymen.

There are reasons for the notoriety which has followed the advent of the epidemic of this particular disease, but the manner in which it has matured has to no small degree damaged the advantages which were expected to be gained when the laymen were taken into the confidence of the medical profession and were expected to be a deciding factor during the investigation, especially in prevention and prophylaxis. Here let it be said there is no intention to decry anything that will arouse a keener interest among the profession or serve to impress more forcibly the public mind with the frightful conditions that are sequels to an acute infection. But no one can question the fact when approached from purely a scientific standpoint, that much of the writing is of such character that it is absolutely valueless

and misleading and can be given no more weight than a presumption.

Already there is quite enough antagonism shown preventive medicine, and if this evil is corrected, medical men must be more positive in their statements in matters so vital to the general public, and stay clear of anything that is given the public that will not have a tendency to definitely clarify the situation. Such matters must be approached from a double angle. We not only must consider what we rightfully know to be the welfare of the masses, but also the hardships and privation caused a part that can ill afford to bear it, when acting on a supposition.

Therefore, these facts being known, it behooves the profession in general to be quite certain of their ground, or not unlikely be confronted with "Wolf, wolf," when there is no wolf, and have the public refuse advice at a time when most needed and the accuracy unquestioned.

In considering the diagnosis and treatment of acute anterior poliomyelitis it will be the intention to bring out only the more established facts and follow those whose opportunities has been such as to give their findings unquestioned value. As has been stated, the writers on this particular

subject are almost numberless, as well as the views expressed. Many have practically no authority for their utterances and many ideas, especially those appearing in lay journals, have long since been proven incorrect.

DIAGNOSIS

We are indebted to Wickham of Sweden possibly more than any other man for our knowledge relative to the clinical types of the disease, and it was this keen observer who gave us our insight into what is known as the "abortive type."

While his division of the clinical types formulated the most modern conception for observers, it is no doubt somewhat complex for the ordinary clinician and as a result the classification of Peabody, Draper and others has found favor and no doubt is more universally in vogue today than any other. The division is as follows:

1. Abortive types or non-paralytic. These are cases presenting paralysis at no time.
2. Cerebral group, embracing involvements of the upper motor neuron with resulting spastic paralysis.
3. Bulbar spinal group, presenting lesions of the lower motor neuron with flaccid paralysis.

Neal states that some authorities claim that poliomyelitis is a general infection and that symptoms of its effect on the central nervous system are entirely secondary in nature, when not absent altogether. It has been suggested that paralytic cases may be in reality the atypical ones. Those holding this view would in times of epidemic, diagnosis as poliomyelitis cases presenting merely respiratory or gastro-intestinal symptoms, particularly if a case of frank paralysis exists in the same family at the time.

When we consider the prevalence of gastro-intestinal disturbances in children, more especially during the summer season, such a conclusion is hardly tenable unless corroborated by characteristic findings in the spinal fluid. She further states, "Personal experience inclines us to believe that these changes in spinal fluid, commonly accepted as diagnostic of poliomyelitis, do not exist independently of some definite clinical manifestations of involvement of the central nervous system. It does not seem possible that a disease accompanied by an inflammatory reaction in the central nervous system and meninges, of sufficient severity to produce changes in the spinal fluid, could fail at the same time to afford definite clinical evidence of nervous involvement. Therefore, in the past it was the rule to consider the possibility of poliomyelitis and to perform lumbar puncture only in those cases presenting symptoms definitely referable to the nervous system, such as hyperesthesia, Koenigs or the spinal sign, attend reflexes, stiffness of the neck, MacEwen's sign, etc. In the absence of these signs and in the presence of a normal clear spinal fluid, poliomyelitis has always been definitely excluded.

There is unlimited opportunity for additional

light upon this question, and it is to be hoped that something definite may be learned before another epidemic.

INCUBATION PERIOD

This has not been definitely determined. Wickman says, one to four days; Muller, five to ten days; Flexner, two to fourteen days; other investigators have observed what they term true prodromal stage, which they define as the period before the appearance of paralysis. Here again confusion arises since many of the cases remain free from paralysis, and it would be impossible to date the disease from the appearance of the paralysis.

The laboratory is a valuable aid in diagnosis and affords valuable assistance during the first hours of the disease, and where a differential diagnosis is to be made. Toxic meningitis, epidemic meningitis and other conditions effecting the central nervous system, are often confused with this condition.

The spinal fluid of poliomyelitis is usually clear, very rarely it may be cloudy in the early stages. It often shows a good fibrin clot, a slight to moderate increase of albumen and globulin and also a cellular element. The reduction of Fehling solution is prompt.

In the examination of the fluid by Neal and Du Bois, they observe the fact that poliomyelitic fluids which are cloudy present a polymorphonucleosis, which may run as high as 90%, but which were usually found to be about 60%. As a rule 80% or more of the cells were found to be mononuclears. Large mononuclear cells found in such spinal fluid are believed to be in a measure characteristic of poliomyelitis. They are now studying these by means of the various differential stains in the hope that something in this direction may be developed of a positive nature.

Again Neal mentions two rare types of spinal fluids which sometimes occur in poliomyelitis when the hemorrhage process has been more than usually extensive. The first of these is of true hemorrhagic character, the real blood cells being evenly diffused throughout the fluid. When collected in successive tubes the specimens are all homogenous, showing no change in the intensity of the hemorrhage. This serves to differentiate it from bloody fluids obtained by the accidental puncture of a vein. The second of these rarer fluids illustrates the so-called syndrome of Froin; it has a characteristic yellow color and coagulates spontaneously. As these fluids are found in other conditions they are not pathognomonic of poliomyelitis.

In making a differential diagnosis it is always to be remembered that the spinal fluid from early cases of purulent meningitis, for instance, shows a varying degree of cloudiness except in very rare instances, when it may be clear. A greater increase in albumen and globulin is usually found here than occurs in poliomyelitis with a poorer

reduction of Fehling's solution. The cells in these fluids of purulent meningitis are 90% or more polymorphonuclears and the etiologic organism is found except in the mildest cases. The percentage of polymorphonuclears in cloudy fluid of poliomyelitis is usually less. In certain mild cases of meningitis, probably of the epidemic variety, meningococci may never be positively demonstrated in the fluid. In purulent meningitis due to other organisms the organisms practically always appear later, as further lumbar puncture becomes necessary. The fluid in meningism or toxic meningitis is differentiated by the fact that it is increased in amount but practically normal in character.

When seen a week or more after the onset, cases of poliomyelitis, especially if presenting cerebral symptoms, must be differentiated from tuberculous meningitis. The spinal fluid of both these conditions is clear and increased in amount. The albumen and globulin content of both is also increased, but usually in poliomyelitis the increase of both the last named elements is not so great as in tuberculous meningitis. The reduction of Fehling's is usually better and the cellular element is also usually less in poliomyelitis. In both conditions at this stage there is ordinarily a mononucleocytosis, although in some acute cases of tuberculous meningitis there is a polymorphonucleosis. If, however, as may happen occasionally, the increase of albumen and globulin is greater than usual and the reduction of Fehling's is not so prompt, then the determination of the disease must wait upon the result of animal inoculation, if it has been impossible to demonstrate tubercle bacilli in fluids.

To summarize the most valued addition to our diagnosis so far as laboratory aids is concerned, a spinal fluid increased in albumen and globulin, a good reduction of Fehling and a varying cellular increase, mostly mononuclear, makes the diagnosis reasonably certain in fairly early cases of suspected poliomyelitis. A slightly cloudy fluid occurring very early in the disease must be differentiated, as before stated, from a similar fluid in an early purulent meningitis. Fluids from the cerebral or encephalitic type of poliomyelitis sometimes may be differentiated from fluids of tuberculous meningitis only by animal inoculation.

Another laboratory method of slight diagnostic value is the neutralization test. In this, serum from a suspected case in the stage of recovery is mixed with a known fatal dose of an active virus. These are incubated and later injected intracerebrally into monkeys. Failure of the disease to develop indicates that the virus has been neutralized. This test does not furnish conclusive evidence of poliomyelitis, for sera from those known to have been free from a recent attack of the disease have sometimes successfully neutralized the poliomyelitic virus.

In studying the blood, the picture was char-

acteristic of so many other conditions that up to now nothing of value has been determined from the examination.

SYMPTOMS

There is no great variance in the initial symptoms of the various types of the disease and they may be as severe in one as the other.

Fever is probably the most constant as well as usually the first symptom. As a rule it is high and of comparatively short duration, falling by crisis or by lysis. Next is a pronounced hyperesthesia or diffuse tenderness over the whole body. This is perhaps most marked in the legs and along the spine; patient is stupid and irritable when disturbed. Headache and vomiting are common. Bowels may be either constipated or loose, more commonly the former. Retention of urine may occur, and this is a point in diagnosis to constantly remember. Convulsions, delirium and spontaneous pains in the neck, back, joints and limbs are the other symptoms which may appear. Meningeal symptoms are very pronounced; in a fairly large portion of cases reflexes may be exaggerated but usually they are diminished or entirely absent. The pupillary reflex is as a rule retained. Following these symptoms, paralysis may develop and most commonly appears about the second day though it may be delayed as late as the second week and according to Flexner as late as 33 days.

1.—*Abortive Type*. All the symptoms named may subside quickly and without any evidence of paralysis or even weakness, or these conditions may be only transient. However, in the abortive cases all symptoms are more indefinite and here the lumbar puncture has proven to be of the most value in determining the diagnosis. It should be remembered that puncture might serve a double purpose, not only for diagnostic purposes, but it also relieves intradural pressure and in the presence of meningeal irritation much benefit is derived no matter what the cause may be.

2.—*Cerebral Type*. Neal and Du Bois in their observations have noted that examples of involvement of the upper motor neuron have not been uncommon, yet they saw no single case presenting a spastic paralysis. In cases with severe convulsions reflexes are found exaggerated, but evidences of spastic paralysis have been entirely wanting. They also found cases somewhat resembling tuberculous meningitis of a protracted duration and presenting unmistakable symptoms of cerebral involvement, but in these cases reflexes have been diminished or lost instead of exaggerated as would be expected with cerebral irritation. An unusual manifestation of poliomyelitis is blindness.

3.—*Bulbospinal Type*. With flaccid paralysis, cases of this type are the most easily recognized and are considered when we speak of infantile paralysis in general.

This is the type usually referred to in books and can be reviewed in any standard work. When

there is a rapid ascent of the paralysis, involving the muscles of respiration, this type promptly proves fatal. These same cases have been mistaken for broncho pneumonia; others when speaking and swallowing were difficult, have been diagnosed as croup. Paralysis of unusual types are to be observed. Sylvester reports a case in which half the diaphragm was involved; other types involve the facial muscles, but as a rule these do not occur alone.

Prognosis: In 143 cases Wickham found death to occur within 10 days. Sixty-five died within four or five days from the onset of the disease. If a patient survives the tenth day of his affection, the prognosis as to life is favorable. For obvious reasons mortality in the past has varied to a wide degree. Fully 20% of all cases make a complete recovery, the younger the child, the better the prognosis. Koplik states that fully 48% of the children from the ninth to eleventh year recover. In the present uncertain situation it does not seem plausible to establish a mortality rate.

Treatment: When we refer to treatment in this particular disease, we are acting on a surmise since the etiology is obscure and mode of transmission as well as many other problems are debatable points. However, from our scientific knowledge of the pathology of the disease, much can be done for the comfort of the individual, and probably to stay the advancement of the disease.

In general, the first rule to be observed is absolute rest and quiet, with the patient isolated and carefully watched. These rules are inflexible and are the most important means toward a favorable recovery. These points are of so much importance in the early cerebral and meningeal cases, even before the onset of paralysis when only weakness of the limbs is shown, that they may be put on a Bradford frame in order to secure absolute rest and quiet for the cerebrospinal axis.

In paralyzed cases, if there is a muscle contraction or drop foot, even when there is some pain, some deformities are corrected if the extremities are put up early in plaster or glass. Lovett especially emphasizes quietness and lack of motion, since he is able to show that improvement is greatly retarded and sometimes prevented by too early manipulation and exercise. Where it is not feasible to use plaster, sand bags can be used to support the limb and foot, and toe drop can be greatly influenced by keeping the bed covering from coming in contact with the foot. If children complain of pain to any degree in the extremities, this may be relieved very much with warm baths. It is not advisable to give more than one bath in 24 hours on account of possible over-exertion, and the greatest care must be exercised in lifting the patient in and out the bath. A lumbar puncture should always be insisted upon in every suspicious case, ex-

plaining to relatives of the patient that it is not only to assist in diagnosis but to relieve intradural pressure and quiet restlessness, especially in the cerebral cases.

There can be no doubt as to the relief afforded these cases, and at the same time, the spinal canal is relieved of no small amount of toxic material.

The bowels should be treated as in any acute infectious disease. The appetite does not seem to suffer in proportion to the seriousness of the illness; even in severe forms children not infrequently eat heartily. During the Febrile stage fluids and semi-solids should be given, but as soon as the acute stage is passed the child may have solids. In cases where the muscles of deglutition are involved, and in severe toxic cerebral forms, gavage may be necessary. Normal saline by the rectum where emaciation is often rapid, is of great value.

DRUGS

Cushing states that urotropin can be spilt up in the body and a few moments after its injection, can be found, as to its elements, in the subdural canal. Through this suggestion urotropin has been used extensively in the early stages of the disease and in the abortive cases. The application is rather empirical; since there seems to be no absolute proof of its beneficial action, its use is at the discretion of the attendant. However, with the same abiding faith that guides our steps in many other uncertain therapeutic paths, it is well that it be given and usually in fairly large doses. The urine is to be carefully watched during its administration and it is not to be given after the first week of the illness.

For the relief of pain and hyperesthesia, bromides, asperin, salol, codein or opium, only as a last resort, are to be given. Opium is not to be given where there is stupor. Iodide of potassium in full doses relieves the neurotic pains much more successfully than any other drug, according to Koplik. He also advises, after the acute stage is passed and there is weakness and paralysis of the extremities, that the patient be given the benefit of the Charcot injections of strychnia, a child of five years being given one injection of 1/40-1/50 grain once a day in the group of weakened or paralyzed muscles, selecting a different set of muscles each day.

From the location of the disease it was but a rational procedure to administer remedies directly into the spinal canal, and at present this is looked upon by the majority of observers as the most likely solution to the scientific treatment of the disease.

The substance now in high favor is serum from persons who have already passed through the disease. Vetter reports 32 cases treated in this manner. He performed lumbar puncture and withdrew as much fluid as would come away, then injected a slightly less amount of the serum.

He used serum of patients who had had poliomyelitis from 12 days to 11 years before. The serum was apparently most potent when collected from persons who had suffered from paralysis three months to four years previously.

A Wasserman was done on each donor to rule out syphilis. The blood is collected in sterile flasks and sterilized by repeated heating, 5 to 13 c. c. of the serum being injected (depending on how much cerebral spinal fluid was withdrawn), daily for eight days. In several cases apparently a rapid spreading paralysis was stopped at once by the treatment.

While the method is in disfavor and the results generally discredited, the work of Meltzer should be mentioned. In experimenting upon rabbits' ears he found that an injection of adrenalin reduced the entire inflammatory swelling to a very small focus in this center. The peripheral zones of edema and active hyperemia disappeared completely for some time. He found by further experiments that an intraspinal injection of adrenalin into monkeys produced a long lasting effect upon the blood pressure longer than by any other method of administration. On the basis of these observations, and on the further plausible assumption that the early stages of the paralytic effects in poliomyelitis were not caused by the chief inflammatory focus but by the peripheral zones of active hyperemia, exudation and edema, monkeys dying from experimental poliomyelitis received intraspinal injections of adrenalin. The effects were most striking. Animals

which were paralyzed and moribund at the time of the injection were seen several hours later eating bananas which they held themselves. The paralysis was improved and the life of the animal prolonged in some cases several days. The animals finally died but all received reliably fatal doses of the virus.

It is important to bear in mind that the mortality in human poliomyelitis is due to respiratory paralysis. It is highly probable that in many instances the respiratory paralysis is not produced by the chief inflammatory focus, but by the extensive peripheral zones of exudation and edema which are surely capable of interfering with the vitality of the nerve centers controlling the respiratory mechanism, and if the exudation and edema could be removed for sometime, the life of a few or of many cases might be saved; that is, if in these cases it just happens that the ascending progress of the actual inflammation comes to a standstill. On the basis of these facts adrenalin was used intraspinaly 0.5 c.c. to be used every four to six hours.

From the foregoing it is evident that although there is as yet no well recognized specific treatment for poliomyelitis, much can be done in a reparative way if we are not blinded by empirical measures and flights of presumption. Patients should not be subjected to experiments with concoctions and modes of treatment unless we are sure that we are not disturbing vital forces. Pathological findings and common sense should be the index to treatment.

Paraffin Paper as a Surgical Dressing

We wish to call the attention of the profession to the use of paraffin tissue paper as a dressing for burns, or any other condition where a non-adherent dressing is desirable.

On account of the small supply of gauze and its high cost, you will find this a most excellent dressing. It is far superior to the paraffin dressing of burns as applied by the spray method, is much more easily and very much more rapidly applied, and results in more rapid healing of the burned surface; also it is more easily removed.

In the first stage of burns when the pain is great the various ointments now in use can be applied directly to the paraffin paper and this applied to the burned area after all vesicles have been opened. It has the advantage of excluding the air, which relieves the pain of the burns and also is very readily removed at the time of re-dressing, leaving the developing granulations unaltered.

NOTE. First dressing—pure vaseline on paraffin paper—applied direct to burn—over this a layer of cotton and the usual bandage. The paper being impervious to moisture, the seeping of serum from the injury runs out, away from the raw surface and is absorbed by the outer dressings beyond the injury. There is no sticking to the burn or other wounds when dressings are

removed. Dressings once in two or three days have proven by experience to be sufficient in most cases. However, certain cases may require more frequent dressings.

Paper bandages which are now being universally used, perhaps more through necessity than choice, have been found to work well in certain dry dressings. But the thought arose, what a great saving could be accomplished if they could be used on moist dressings or dressings where there was considerable oozing or drainage. Here again, the paraffin paper can be utilized as a barrier between the moist dressing and the paper bandage. It has the desired effect of keeping the moisture inside the dressing and prevents the paper bandage from becoming wet and tearing easily.

The use of the paper was accidentally discovered by one of us, in our desperation to have at hand a suitable dressing for a large severe burn at patient's residence, and much to our surprise it was ideal in this case. We have been using it in numerous other cases and only a few of its uses have been called to your attention. It can be used where oil silk or rubber tissue have been used in the past, but a double sheet should be used in those cases, or as we wish to secure soon, a heavier coated paper.

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Is Compulsory Health Insurance a Justifiable Measure?*

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ADVOCATES of health insurance claim that there are high sickness and death rates among American wage-earners, that health insurance will furnish better and more extended medical care to wage-earners, will diminish the wage loss due to illness, and tend to prevent sickness and death.

They claim that the principle of compulsion is the only method by which the poorest paid and most improvident workers can be reached, and, that European experience is strongly in favor of compulsion. They show that the lower one goes in the scale of wages, the less he works and the more improvident he becomes. Because of irregular habits of labor and consequent inability to pay assessments, a large per cent. of those most in need of insurance, would, therefore, be without it.

It is claimed that sickness insurance will bring more extended, better medical service, accruing good to both doctor and patient. Propagandists in this country depend largely upon European experience for favorable arguments, but fail to record unfavorable comments.

In a letter published in the *British Medical Journal*, December 10, 1916, we read "In taking over our incomes and redistributing them at its will, Parliament has been guilty of a monstrous invasion of civil rights. To state the bare facts is to convict it of what is—in effect—the wickedest thing that has been done by a Parliament since the days of Charles II. For yielding, the profession was itself to blame; it was a short-sighted, perhaps an unpatriotic, thing to do. But for the disregard of every one of the pledges made by the ministers to scoop us into their net, down to the right of refusal, the leaders of the association must be held responsible."

We predict that unless the medical profession of this country takes care it will be scooped into the net by the same unscrupulous methods. This danger is all the greater because much of the information issued by the Council of Health and Public Instruction of the American Medical Association is prepared by one who is an avowed socialist and sickness insurance advocate.

In the same *Journal* under date of June 5, 1916, we read, "As the National Insurance Act has been in force for more than three years now, I should like to state the impression of a country practitioner of its workings, (1) as affecting the panel patient, (2) the patients outside the panel, and (3) the panel doctors themselves.

(1) "Most of those engaged in country practice will, I am sure, bear me out when I say that the effect is not good. The Insurance Com-

missioners exact a weekly toll from these poor people and offer them in exchange an avowedly restricted imperfect medical service, the medical man being warned against over-prescribing and the unfortunate patient solemnly admonished not to be taken ill in the night and not to expect more than the minimum of medical attendance. The moral effect has been bad. It makes the not very scrupulous man a lazy, deceitful malingerer, and as for the one of better moral fibre, he either does not take the advantage he has paid for, or, if he falls ill and has a long illness, he is subject to several petty annoyances—among them the not always agreeable visits from insurance nurses and doctors dispatched by the several insurance societies in their efforts to free themselves from liabilities that they had better not have incurred.

(2) "It will soon become impossible for the panel doctor to give his private patient the attention he desires or deserves, for, as the many insist upon overmuch medical aid, even if it be of a superficial nature, it follows that the few must go short at times.

(3) "The saddest part of the whole business is the bad effect that this benevolent co-operative stores curative agency must have on the average member of our profession. Instead of a patient and not always unsuccessful attempt to arrive at a correct diagnosis and appropriate treatment of disease, there is now a distinct danger that his time will be frittered away in a hasty and superficial attendance on the chronic invalid and the malingerer, in the marking of cards, writing certificates, doing clerical work for the clerks of the committees, and humbug generally! All this soul-clogging, brain-destroying work is being done, as calculated from my last quarter's payment, for something between 4s and 5s a head per annum."

In the same *Journal* of December 9, 1916, in a communication on "Official Encroachments on the Sphere of the General Practitioner," the secretary of the Cheshire Local Medical and Panel Committee says, in part, that the committee recognized "a tendency frequently and increasingly shown in the orders and circulars of some government departments, not least in those of the local government board, to advocate the creation of administrative machinery and even of curative agencies which will undertake duties hitherto the province of the general practitioner." The committee "views with apprehension the tendency displayed in these and other similar instances, not solely because one's craft is in danger, though the admission may be freely made that in the face of such developments small inducement is offered to recruitment in the future of competent general practitioners, not merely because it is con-

*Read before the Section on Hygiene and Sanitary Science, Ohio State Medical Association, in annual session at Springfield, Ohio, May, 15, 1917.

vinced that the efficiency and self-reliance of doctors thus restricted in their activities will suffer, and the public also, by the resulting impairment of their service; but also because it is deliberately of the opinion that the government in developing the tendencies described has been acting on too narrow and immediate a view of the object to be aimed at, and on advice which, however distinguished, is too specialist and too little aware of the interdependence of the problems particularly confronted upon others less outstanding at the moment." And "in the memoranda of several government departments there has been a persistent misrepresentation of the professional ability of the general medical practitioner to deal with the treatment of various diseases, for which they have had ample preparation and subsequent matured experience," and these reflections, against which a strong protest is now made, constitute a grave public danger in the effect which is likely to be produced in the public mind by most undeserved aspersions on the fitness of medical men for carrying out the duties and responsibilities of their profession.

In passing we desire to remind you that similar defamatory statements against the average practitioners of this country have been given to the public by the self-constituted medical reformer, Dr. Cabot. If medical men and medical services in this country are not what they should be the fundamental causes may be found in the chairs of our medical universities. Judging from European experience we need not expect any but a detrimental effect upon medical service and medical men.

Is health insurance a solution to the problem of poverty? The fundamental needs of the poor are essentially "want of nourishment, want of warm clothing, want of decent housing, and want of rest." Compulsory health insurance will supply none of these for if the income before sickness is insufficient to supply them the income during sickness and insurance will be much less. In Germany, it is said, "the insurance legislation has not decreased poor relief, but widened and deepened the entire system of public care for the poor."

Does health insurance reach the greater number of those most in need of sick relief? In England, according to a recent report of the Local Government Board, "of the number of tuberculosis applicants at metropolitan dispensaries, 3,168 were insured, and 15,660 were not insured; and of the applicants at non-metropolitan dispensaries, or those located outside of London, 25,865 were insured, whereas 34,644 were not insured." If it is true, as is claimed, that compulsory health insurance is the only method by which the poorest paid and most improvident workers could be reached, why is it that the greater number of those applying at these dispensaries for relief are not insured? Quoting from a report of the Committee of Enquiry of

the Fabian Research Department, "It is significant that we have not been able to ascertain that any diminution whatever has yet been noticed in the numbers of those resorting to the Poor Law. For all its vast expenditure, the Insurance Act, which comes to the aid of the artisan and the factory operative, still leaves unprovided for a vast mass of those for whom provision was most needed."

From a monetary viewpoint is health insurance a saving or economical measure? According to data furnished by insurance propagandists the average American workingman loses nine days annually on account of sickness. At two dollars a day this amounts to \$18.00. In addition to this he spends \$6.00 for medical attention, making a total cost of \$24.00.

Under the proposed insurance he would receive two-thirds of his wages in benefits after the third day and free medical service for the whole time. Propagandists estimate that the cost of such insurance would amount to 4% of the average workingman's salary which they fix at \$600 per annum. This would be \$24.00. 40% of this is to be paid or taken out of the workingman's salary, 40% paid by the employer and 20% paid by the state.

The nine days illness then would cost the workingman:

(1) The first three days' wages at \$2.00.....	\$ 6.00
(2) One-third of six days' wages.....	4.00
(3) 40% of \$24.00 premium.....	9.60

Total cost of nine days' illness.....\$19.60

He would receive:

(1) Cash benefits equal to two-thirds of 6 days' wages.....	8.00
(2) Free medical service.....	6.00

Total benefits.....\$14.00

We find, then, that under insurance the cost of his sickness is \$5.60 more than he receives. But in order to give the workingman the opportunity of spending \$5.60 more than his benefits the employer must spend 40% of \$24.00, which is \$9.60, and the state must spend 20% of \$24.00, which is \$4.80. These figures do not take into consideration the extra cost to the employer in clerical labor and taxes that would be imposed upon him under the insurance scheme nor do they include the cost in salaries, rents, etc., to the state which would be paid out of the general funds of the state, the exact amount of which probably would never be known.

We have, then:

(1) Total cost to workingman.....	\$19.60
(2) Premium cost to the employer.....	9.60
(3) Premium cost to the State.....	4.80

Total cost to all.....\$34.00
Benefits.....\$14.00

Wage loss and premium cost in excess of benefits.....\$20.00

It is estimated that 2,000,000 of Ohio's population would be subject to this insurance. The cost in loss of wage and premium to the employes would amount to \$39,200,000, and the benefits would be \$28,000,000, which represents a loss to the employes of \$11,200,000.

The premium cost to the employers would amount to \$19,200,000. To these figures we must add the cost of extra clerical work which may be estimated at 1% of the total sum handled, namely \$19,200,000 retained out of the employees' wages and \$19,200,000 paid by the employers, a total of \$38,400,000. One per cent. of this would amount to \$384,000. Estimating that the employers would pay 60% of the extra taxes imposed upon the state by this insurance, they would have another addition of \$5,875,200. We have then:

(1) Premium cost to the employer.....	\$19,200,000
(2) Extra clerical cost.....	384,000
(3) Increased taxes	5,875,200

Total cost to the employers.....\$25,459,200

The state's 20% would amount to \$9,600,000.

In addition to this the state would have about 13,000 employees coming under the law for whom it would have to pay the employer's 40% and the expenses of the commission, so that the total expenses may be taken approximately at \$10,000,000.

To sum up we would have for the 2,000,000 insured of the state:

(1) Employes' cost in loss of wage and premium	\$39,200,000
(2) Employers' cost	25,459,200
(3) State's cost.....	10,000,000

Total cost to the employers.....\$25,459,200

As we have seen the total benefits would be \$28,000,000, leaving \$46,659,200 as operating expenses. In other words the benefits amount to 37.6% and the operating expenses amount to 62.4%.

The above figures seem to verify the opinion of Governor Cox when he said, "I am very frank in the statement that no government on earth has the efficiency of a successful private business."

A careful examination of our public health laws should convince the most skeptical that they are sufficiently broad and protective in scope to meet every need of the wage-worker and the public if properly administered. Compulsory health insurance would add nothing to the present laws for the protection of the life, health, safety and welfare of the wage-earners or the the public. The one great trouble is that these laws are not being executed in an efficient manner.

One of the strongest arguments advanced by insurance propagandists is that it will tend to reduce the amount of sickness. In Pamphlet 11 of the Social Insurance Series as published by the A. M. A., is a table compiled by Frankel and Dawson on the percentage and duration of sickness, and percentage of deaths in Sickness Insurance Societies in Europe from 1888-1907. In 1888 the cases of sickness for both sexes were 32.6 per 100 insured. In 1907, 40.8 per 100 insured, making an increase of 8.2. In 1888 the average number of days of sickness per case for both sexes was 16.8; in 1907, 19.6, an increase of 2.8 days. In 1888 the number of days of

sickness per annum for 100 insured of both sexes was 547; in 1907, 600.3, an increase of 253.3 days.

Hoffman, in the Journal A. M. A., February 10, 1917, states that comparing the period 1888-1892 with the period 1908-1912, the general death rate of New York decreased from 25.8 per thousand to 15.5 or 10.3 per thousand, equivalent to 39.9 per cent. The death rate of Berlin during the same period decreased from 20.9 per thousand to 15.1 or 5.8 per thousand, equivalent to 27.8 per cent. The average death rate of both cities during the period 1908-1912 was practically the same.

In Massachusetts the death rate from tuberculosis in 1885 was 37.7 per 10,000, in 1914 it was 13.9 per 10,000. In 1913 the death rate from tuberculosis in Prussia was 13.7 per 10,000, even though compulsory health insurance had been in force nearly 30 years. In the city of Boston the infant death rate has been reduced from 19.2 per 100 births in 1884, to 10.3 in 1914. In 1913 the infant death rate of Berlin was 13.7, and of the German Empire, 15.1 per 100 births, in spite of 30 years of compulsory health insurance.

These data show conclusively that the health progress under health insurance is no greater than without it.

From Bulletin 195 of the United States Bureau of Labor Statistics, published in July, 1916, we learn that of 647,394¹ wage earners concerning whom reports were secured, 74,218, or 11.46 per cent. were unemployed because they could not find work; 1.27 per cent. were unemployed because of sickness or disability; 0.06 per cent. because of strikes or lockouts, and 0.68 per cent. from other causes. By way of comparison we see that 61,567 were idle from lack of a job and 8,221 from sickness and disability. With these facts before us it is clear that sickness and disability is only a small part of the wage-earner's troubles. If the American Association for Labor Legislation and all other insurance propagandists are earnest in their efforts to better the conditions of the workingman, why do they not strike at the great cause of his distress which is unemployment from lack of work?

Those who are familiar with the conditions of the poor are well aware that many homes are reduced to a state of poverty because of intemperance. Intemperance brings want, misery, sickness and death to millions of our people annually. It is the great feeder to our poor-houses and penal institutions. Ignorance of the ways of right living and disease prevention is responsible for a large portion of sickness and death. Compulsory health insurance does not provide for the cure of these evils.

Propagandists have stated that organized labor favors social insurance. Samuel Gompers, head of the American Federation of Labor, in answer to Dr. Rubinow and others at a hearing before a

congressional committee, said: "First let me call attention to the fact that these are not facts. They simply have their bases in a peculiar and speculative theory called by the possessors philosophy, but which might better be termed sophistry. From the viewpoint of these super-speculative theorists, when facts do not conform to theory, it is so much the worse for facts.

"In other words, the socialists, or the professoriat of the Socialist Party, start out with a theory and then proceed to distort facts in order to try to prove it.

"The whole scheme, the whole fault, the whole philosophy, represented by Dr. Rubinow officially before this committee and by Mr. London as a representative of his political party, contemplate not individual development, not opportunity for initiative, for voluntary action, but regulation by the state. These people want to have laws enacted to make other people conform to their concepts and recipes out of number.

"May I say this, that Dr. Frederick Howe, who has written a book dealing with social insurance, in making contradistinctions as to the system in vogue in the United States and Germany, makes this very significant remark: 'Germany has so strengthened the state as to have devitalized the individual.'

"There is a difference as to concepts of forms of government, concepts of what is best as to the makeup of a people, the character of the people and the government which is established over them or which they establish. O believe in the vitality of the individual, in the vitality of the people as against a strong centralized government, a 'socialized' government."

On February 14, 1917, the Medical Society of the County of New York adopted the following resolution:

"Resolved, That this society disapproves of the medical provisions of the bill for compulsory health insurance and the appointment of a legislative commission to study the subject, and directs its committee on legislation and the delegates of the Medical Society of the County of New York to the Medical Society of the State of New York to take proper measures to oppose its passage by the legislature."

February 13, 1917, the Chicago Medical Society adopted a report of a special committee which stated that "Compulsory health insurance will affect the professional income, lower the professional moral tone, decrease professional efficiency, destroy incentive for medical research, make a dissatisfied profession, prove productive of malingering, and destroy personal relationships between patient and physician."

April 30, 1917, the Conference of State and Territorial Health Officers with the United States Public Health Service adopted the following resolution:

"Resolved, That in the judgment of this conference the use of the phrase 'health insurance'

to describe a system of sickness relief that makes no specific, positive, and definite provision for the conservation of health is liable to endanger the efficiency of the existing health agencies and to retard their further development.

The following medical organizations have gone on record in opposition to compulsory health insurance: New York State Medical Association, Bronx County Medical Society, Westchester County Medical Society, New York County Medical Society, Medical Alliance, Chicago Medical Society, Illinois State Medical Society and the California Medical Society.

To those who would make a careful study of compulsory health insurance we suggest that they write the following addresses for information:

American Association for Labor Legislation, 131 East 23d Street, New York City.

Executive Secretary, A. M. A. Committee on Social Insurance, 131 East 23rd Street, New York City.

Insurance Economics Society, 422 Majestic Bldg., Detroit, Michigan.

Frederick L. Hoffman, Statistician, The Prudential Insurance Company of America, Newark, New Jersey.

Federation of Medical Economic Leagues, 34 West 112th Street, New York City.

REFERENCE

'Table 10, Page 92.

Phosgene and "Blister Gas"

In a recent paper before the College of Physicians of Philadelphia, Dr. C. F. Hoover of Cleveland described the experiences of the British casualty stations during the summer of 1917, in the Ypres region, where a large number of men were brought in suffering from phosgene poisoning. He told of the quick work that was necessary in dealing with this situation—this diabolical surprise sprung by the Germans.

For the adequate study of the sequelae of phosgene poisoning there must be evolved a method by which can be accurately estimated the partial pressure of CO₂ in both the effluent blood of the pulmonary circulation. Dr. Pearce of the Medical Service of Lakeside Hospital has thus far been partially successful in determining both these points, but the partial pressure of CO₂ in the effluent blood has not yet been satisfactorily estimated. There is now a patient at Lakeside Hospital who was "gassed" at Loos 18 months ago. He has a respiratory function which is very inadequate for exercise, but is quite sufficient when he is at rest. The heart and lungs are perfectly normal to all methods of physical examination, but when he exercises very moderately the partial pressure of CO₂ in his venous blood rapidly mounts.

OHIO PUBLIC HEALTH NOTES

The State Department of Health has appealed to the public to reduce the death rate among soldiers and civilians by refraining from promiscuous sneezing, coughing and spitting. Surgeon General Gorgas has made a similar appeal.

—Every pupil in the second grade of Cincinnati's public schools will be subjected to a physical examination next year as the result of an arrangement effected by the board of education and the health department.

—High winds are almost invariably followed by an increased prevalence of respiratory diseases, according to Health Officer Landis of Cincinnati. He attributes the epidemic of grippe which that city suffered in April to the dissemination of infected street dust by high winds. Thirty-five deaths were caused in one week by pneumonia, 17½ times more than occurred during the corresponding period last year. Many of these were directly or indirectly due to the poison of grippe, while nine deaths were charged directly to grippe. Tuberculosis reflected the effect of the grippe invasion by increasing its death rate 50% over the corresponding period of the previous year.

—As a war measure to meet the need for graduate nurses, the Cleveland League of Nursing Education is cooperating with Western Reserve University to give a ten weeks' preparatory course to young women desirous of entering the nursing profession. The course has the indorsement of the Lake Division Bureau of Nursing.

—Dr. S. S. Hindman, Toledo, has been appointed director of the city bureau of laboratories in the division of health. He will have charge of the chemical and bacteriological work part of the time, but will pay particular attention to serological tests.

—At a meeting of the Nurses' Alumnae Association of Springfield held April 16 it was unanimously decided to advance the price of service of professional nurses in the city. For general nursing the new rates are from \$25.00 to \$30.00 a week; \$30.00 a week in obstetrical cases and \$35.00 a week for contagious cases. A charge of \$5.00 per week is made for additional patients in the same household.

—Welfare work, tuberculosis and the care of infants were the topics discussed at a meeting of Bellaire citizens, April 27. Dr. James S. McClellan spoke on "Prenatal and Infant Care" and Mrs. Weems, public health nurse, explained the work that Bellaire is doing for her children and outlined future plans.

—A member of Cleveland city council recently introduced a resolution asking for an appropria-

tion of \$2,500 with which to finance a "fly swatting" campaign this summer as a guard against epidemics, particularly infantile paralysis.

—At the request of state and local health officers the health editor of *The Delineator* sent a trained staff of workers to make a survey of health conditions in Steubenville in late April. With the aid of local organizations, dairies were inspected and scored, milk tested, city and private water supplies analyzed, a sanitary inspection of home premises made and a birth census taken. Public health nurses made a special study of the causes of infant deaths in 1917.

—The annual convention of the American Nurses Association and its allied branches was held in Cleveland, May 6. One of the chief objects of the convention was to interest young women who are fitted educationally and temperamentally for nursing to train so they may be ready for emergencies at home or abroad.

—Two Toledo clubs have offered the District Nursing Association of that city their assistance in caring for sick and needy children. The Rotary Club maintains a special class at a local school for deformed children and the Kiwanis Club is arranging to supply milk to needy children during the coming summer.

—Smallpox cost Cleveland over \$13,000 for the six months period following October 1. The city had 192 cases and its actual expenditure was \$7,337.44, divided as follows: Hospital costs, \$6,397.44; quarantine, \$200; fumigation, \$140; vaccination of exposed persons, \$600.00. Loss of wages to the 145 adult victims, figured at \$2.00 per day for the average quarantine period of 17 days, adds \$5,930, making the total cost over \$13,000.

—The child hygiene division of the State Health Department has sounded a warning to Ohio communities to watch their babies' milk supply carefully this summer. The question of milk supply is especially important this year because of the recent steady rise in milk prices. Increased cost, investigations in several localities have proved, has tended to decrease the amount of milk purchased in many households with consequent ill results to the babies.

—Toledo doctors are urging two steps to combat venereal diseases. They are: Immediate establishment of an emergency hospital and laboratory, and a \$75,000 bond issue for a municipal hospital on a par with those of other cities for the control of these and other communicable diseases.

—A recent raid in Toronto, Jefferson County, by state inspectors to break up alleged unlawful trafficking in "dope" resulted in the arrest of two physicians and two druggists.

—The city of Lakewood has appropriated funds for the employment of a public health nurse and Mrs. M. F. Moran has been appointed to the position.

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Ohio Chiropractors Organizing for an Assault Upon the Next Legislature

The chiropractors are not satisfied with the Platt-Ellis law. It is "too strict," in their opinion, although it is the verdict of most every one else that it is entirely too liberal.

A committee of chiropractors representing their state association, conferred with Dr. J. H. J. Upham and Dr. Platter, secretary of the State Medical Board. They demanded that educational requirements for chiropractors be lowered. In a general way their demands were as follows:

1. The present law requires that all chiropractors admitted after the law became effective (in 1915) must have a high school education or its equivalent. Chiropractors want this provision eliminated. They were indefinite as to how low they cared to go. Our personal opinion is that a statutory provision demanding a common school course up to and including the fourth grade would about meet their demands.

2. They want the law changed so that a board of chiropractors will be authorized to inspect and pass upon chiropractic schools. Under the present law the State Medical Board inspects all schools—medical, osteopathic, chiropractic, chiropody, etc. Chiropractors, however, demand exemption from this rule.

3. The chiropractic committee feels that applicants for license to practice chiropractic should be examined solely by a board of chiropractors. Under the present law chiropractors are examined by the Medical Board in anatomy, physiology, bacteriology, pathology, hygiene and diagnosis. If they are able to pass this test, they are examined by a special board of chiropractors in the practice of chiropractic,—whatever that is.

These three points are the main factors in the chiropractic program. The concession of any one of them would reduce to a scrap heap any semblance of regulation and would sacrifice the advantage which the state gains through the passage of the Platt-Ellis law in 1915.

When that law was passed, it was necessary to extend exemption certificates to all chiropractors who had been in practice in this state for one year or more prior to 1915. This of course extended state licensure to a large number of ignoramuses and incompetents. The merit of the bill lay in the fact that it would shut off future ingress of these correspondence school graduates. It was a perfectly square measure and if chiropractors were honest in their profession, they would be fighting for it rather than against it.

The trouble with chiropractic is that the whole system is based on quackery and commercialism. The State Board has made an earnest effort to locate chiropractic colleges worthy of the name. Members of the board have visited several of the more pretentious and have endeavored to view them charitably, but the teaching facilities are

so poor that recognition was utterly out of the question.

For example, the Pittsburg School of Chiropractic was found to be entirely devoid of laboratories. The students are given no dissecting. It is housed in a private residence, most of which is devoted to offices used by the "faculty" members. It requires of students no preliminary education for admittance. It is incorporated for profit and is not permitted under the Pennsylvania laws to issue a degree. Its boasted three-year course may be taken in eighteen months, and it is held by chiropractors to be one of their leading teaching institutions.

It should be remembered that the Platt-Ellis law permits licensed chiropractors to take complete control of the sick patient except in certain specific diseases. If the people thoroughly understood the kind of colleges that turn out these practitioners, they would receive scant consideration.

The chiropractors are organizing for a fight before the next session of the legislature. If the legislators are to extend any protection to the sick public they will stand pat on the present law. If they hold such an attitude and make it evident that they are not to be stampeded, they will eventually force the chiropractors to either improve their schools or abandon their system. If chiropractic has any merit, it will be developed under this procedure.

Baby-Saving in Cincinnati

In connection with the State-wide "baby-saving" campaign which was launched April 6, Dr. John H. Landis, Health Officer of Cincinnati, has called attention to Cincinnati's fine record in the field. He discusses the two eight-year periods just preceding and just following the installation of a pure municipal water supply in 1907.

During the first eight-year period 11,408 deaths in children under five occurred. During the second eight-year period 8983 deaths occurred in children under five, or a difference of 2425 in favor of the period of pure water and improved milk supply.

During the first period 46,856 births were reported. During the second period 59,186 births were reported or a difference of 12,330.

Had the mortality rate of the first eight-year period prevailed during the second eight-year period the total deaths would have been over 14,000 instead of the 8983 that actually occurred.

Three major methods of reducing the death rate among children have brought good results in Cincinnati. Improvements in the milk and water supply are two. The third is the care of expectant mothers.

Ion M. Pfouts, M. D., Ohio Medical University, Columbus, 1898; aged 44; died at his home in

David C. Fay, M. D., Medical College of Ohio, Cincinnati, 1867; aged 74; died at his home in Ostrander, April 20. Dr. Fay had practiced in the vicinity of Ostrander for many years, having opened an office in that city soon after his graduation. He leaves a wife and one daughter.

Rittman, April 30, of pneumonia. Dr. Pfouts had practiced in Massillon, Beach City and Marshallville before coming to Rittman in 1912. His wife and six children survive.

Rowland A. Postle, M. D., Medical College of Ohio, Cincinnati, 1884; aged 60; died at Mt. Carmel Hospital, Columbus, April 30, where he recently underwent an operation. Dr. Postle's home was in Ashville, Pickaway County. Resides his wife, he is survived by his son, Dr. Harold Postle, now in military service at Camp Funston, Kansas, three brothers, one of whom is Dr. W. E. Postle of Shepard Sanitarium, and three sisters, one of whom is Dr. Helen Wilson of Van Wert.

L. F. Scofield, M. D., Starling Medical College, Columbus, 1881; aged 65; died at the home of Mrs. J. G. Stuckey in New Philadelphia, February 12, of cerebral hemorrhage. Dr. Scofield came to New Philadelphia from Columbus a week prior to his death to take up the practice of the late Dr. Stuckey. He leaves one son.

John Shattuck, M. D., Miami Medical College, Cincinnati, 1872; aged 70; died at his home in Ironton, April 15, of heart trouble. Dr. Shattuck was a resident of Lawrence County practically all his life. He retired from active practice several years ago. In addition to his wife and one son, he is survived by one brother, Dr. William Shattuck of Coal Grove, and two sisters.

Clinton O. Shrader, M. D., Eclectic Medical College, Cincinnati, 1902; aged 44; died at his home in Bowling Green, April 11, after a brief illness. Dr. Shrader was associated in practice with his father, Dr. Isaac M. Shrader. He leaves his parents and one brother.

William Teegarden, M. D., Homeopathic Hospital Medical College, 1872; aged 70; died at his home in Springfield, March 15, from cerebral hemorrhage.

Homer W. Thompson, M. D., Pulte Medical College, Cincinnati, 1885; aged 58; died at his home in Salem, February 8, of neuralgia of the heart. Dr. Thompson was a pioneer in aeronautics in this vicinity and at the time of his death was a licensed pilot in the Aero Club of Ohio and a member of the Aero Club of America. Surviving are his widow and one daughter.

Lillian Gertrude Towslee, M. D., Cleveland College of Physicians and Surgeons, 1888; aged 59; member of the Ohio State Medical Association; died at her home in Cleveland, April 22, of pneumonia. Dr. Towslee was president of the staff of the Women's Hospital and a member of the advisory board of Cleveland City Hospital.

Ohio Men on Chicago Program

Several Ohio men will present papers before the annual meeting of the American Medical Association, in Chicago this month. The following are taken from the official program which appears in the *Journal A. M. A.* of May 11:

SECTION ON PRACTICE OF MEDICINE

June 12, 2 p. m.—"The Significance of Presystolic Thrills in the Examination of Recruits," by Roger S. Morris and Alfred Friedlander, Cincinnati.

June 14, 2 p. m.—"A Clinical Study of Eight Hundred Cases of Pneumonia," by Willard J. Stone, Toledo.

LARYNGOLOGY, OTOTOLOGY AND RHINOLOGY

June 12, 9 a. m.—"Certain Traumatic Lesions of the Esophagus," by Thomas Hubbard, Toledo.

DISEASES OF CHILDREN

June 12, 2 p. m.—"A Report of Three Years' Clinical Experience with the Feeding of S. A. M. (Synthetic Milk Adapted)," by Henry H. Gershtenberger, Cleveland.

June 14, 2 p. m.—"The Diagnostic Study of Conditions in the Throat Producing Dyspnea. Report of Case," by Albert J. Bell, Cincinnati.

PHARMACOLOGY AND THERAPEUTICS

June 12, 9 a. m.—"Pharmacology in the War," by Torald Sollmann, Cleveland.

June 14, 2 p. m.—"The Relationship of the Irritability of the Respiratory Center," by Roy G. Pearce, Cleveland.

"The Therapeutic Indications for the Inhalation of Oxygen," by Charles F. Hoover, Cleveland.

NERVOUS AND MENTAL DISEASES

June 12, 2 p. m.—"Medical Treatment of Exophthalmic Goiter, Especially the Use of the Extract of Corpus Luteum," by Herman H. Hoppe, Cincinnati.

SECTION ON DERMATOLOGY

June 12, 9 a. m.—"The Too Intensive Salvarsan Treatment of Syphilis," by M. L. Heidingsfeld, Cincinnati.

PREVENTIVE MEDICINE

June 12, 2 p. m.—"Military and Industrial Orthopedic Surgery," by Albert H. Freiberg, Cincinnati.

"Conserving Industrial Man Power," Clarence D. Selby, Toledo.

June 13, 9 a. m.—"Health Administration in Cities with a Population Between 100,000 and 500,000," John H. Landis, Cincinnati.

GENITO-URINARY DISEASES

June 12, 9 a. m.—"Anatomic and Pathologic Study of the Posterior Urethra," E. Otis Smith, Cincinnati.

SECTION ON ORTHOPEDIC SURGERY

June 12, 9 a. m.—"Cerebral Spastic Paraplegia," Walter G. Stern and M. E. Bland, Cleveland.

June 14, 9 a. m.—"Disinfection of the Knee Joint," Robert B. Cofield, Cincinnati.

Some Ohio Physicians Have Been Criminally Careless in Mailing Infectious Material to State Laboratories!

Editorial Note.—The following brief article was prepared at our request by L. H. Van Buskirk, Director of the Division of Laboratories in the Ohio State Department of Health. It was prompted by several recent violations of the postal regulations.

Diseases of an infectious nature may be very easily transmitted and a thoughtless or careless act may endanger the health or life of perhaps many individuals. Various public health agencies have been endeavoring to educate the people as to the necessity of extreme care in handling material of this character. Instructions have been given through journals, newspapers, motion pictures, public lectures, and in fact by every available means, as to the proper precautions to be taken in order that a person might be protected against preventable diseases. It seems, sometimes, that this effort is being expended needlessly, for frequently those people who should be best informed along proper prophylactic measures are the chief offenders and make it easily possible for the spread of these diseases.

Physicians are quite frequently very careless, not alone in their personal hygiene but also in their disregard for the safety of others. Not long ago the State Department of Health received a specimen of sputum to be examined for tubercle bacilli. This particular specimen was submitted by a physician of the state, who furnished to the patient a prescription blank. The sputum was deposited in the center of this small piece of paper which was then folded and enclosed in a letter addressed to the department. Another physician, at about the same time, secured a sputum cup, which consists of a metal holder and paste board container. The patient deposited a considerable quantity of sputum in the cup which was then wrapped in a small piece of cotton, wrapped in paper and mailed to the department.

Not only tuberculous material, but heads of dogs suspected of being rabid, are loosely wrapped in paper and forwarded by mail. Diphtheria swabs which are a menace to those who must handle them, as well as miscellaneous samples of infectious material, are mailed in such condition that they cannot be other than dangerous to handle. Hardly a mail delivery that one or more specimens of this character are not received. It is impossible to make the requested examinations—so the physician has lost valuable time by not using a container furnished by the department.

Is it possible that the physicians do not realize what they are doing? Do they stop to think of the danger incurred by the handling of such material? Post Office employees, clerks, stenographers and laboratory assistants must handle this material, and when not properly mailed they are subjected to unnecessary exposure. Those who use irregular containers and mail specimens

in the manner described above must be held responsible for the results which may follow, and who can tell what those results might be?

The Post Office Department realizes this danger and has had passed laws and regulations which provide for the mailing of bacteriological and pathological specimens. These postal laws and regulations are given below and it is hoped that the physicians of Ohio will observe them carefully.

It is not necessary to use irregular containers or containers which do not meet the approval of the Post Office Department, when submitting specimens to the State Department of Health. This Department has had prepared and furnishes free of charge all necessary containers for the submission of specimens. These containers are furnished free to local distributors in the various communities of the state. Some three hundred and fifty distributors are handling these supplies at the present time. Any physician who desires outfits can secure them from these distributors, or if a distributing station is not readily available the containers will be furnished direct to the physician from our Columbus offices. By the use of these containers the physicians can assist in the protection of the health of those who must handle the material which is sent by mail and at the same time may protect themselves against prosecution by the Post Office Department.

Postal Laws and Regulations

Sec. 473. Specimens of diseased tissues may be admitted to the mail for transmission to the United States, State, municipal, or other laboratories in possession of permits referred to in paragraph 3 of this section only when inclosed in mailing cases constructed in accordance with this regulation, provided that bacteriologic or pathologic specimens of plague and cholera shall under no circumstances be admitted to the mails.

2. Liquid cultures, or cultures of microorganisms in media that are fluid at the ordinary temperature (below 45°C or 113°F) are unmailable. Such specimens may be sent in media that remain solid at ordinary temperature.

3. No package containing diseased tissue shall be delivered to any representative of any of said laboratories until a permit shall have first been issued by the Postmaster General, certifying that said institution has been found to be entitled, in accordance with the requirements of this regulation, to receive such specimens.

4. (a) Specimens of tubercular sputum (whether disinfected with carbolic acid or not disinfected) shall be transmitted in a solid glass vial with a mouth not less than one inch in diameter and capacity of not less than two ounces, closed by a cork stopper or by a metallic

screw top protected by a rubber or felt washer. Specimens of diphtheria, typhoid, or other infectious or communicable diseases or diseased tissues, shall be placed in a test tube made of tough glass, not over three-fourths of an inch in diameter and not over 7½ inches in length, closed with a stopper of rubber or cotton and sealed with paraffin or covered with a tightly fitting rubber cap.

(b) The glass vial or test tube shall then be placed in a cylindrical tin box, with soldered joints, closed by a metal screw cover with a rubber or felt washer. The vial or test tube in this tin box shall be completely and evenly surrounded by absorbent cotton closely packed.

(c) The tin box with its contents must then be inclosed in a closely fitting metal, wooden, or papier-mache block or tube, at least three-six-

teenths of an inch thick in its thinnest part, of sufficient strength to resist rough handling and support the weight of the mails piled in bags. This last tube shall be tightly closed with a screw top cover with sufficient screw threads to require at least one and one-half full turns before it will come off, and fitted with a felt or rubber washer.

5. Specimens of blood dried on glass microscopic slides for the diagnosis of malaria or typhoid fever by the Widal test may be sent in any strong mailing case which is not liable to breakage or loss of the specimen in transit.

6. Upon the outside of every package of diseased tissues admitted to the mails shall be written or printed the words, "Specimen for bacteriological examination. This package to be pushed with letter mail."

Dr. C. F. Hoover Will Conduct the Post-Graduate Meetings Throughout the State This Year

The State Association's Committee on Medical Education was able to announce early in May that Dr. Charles F. Hoover, of Cleveland, had consented to take charge of the medical education program for 1918. Through Executive Secretary Sheridan, the committee is arranging for a series of fifteen group meetings, to be held throughout the state. Dr. Hoover's subject will be "Fundamentals of Physical Diagnosis." His lecture and demonstration will be in the nature of a post graduate review of the entire field.

These meetings will be similar to those conducted in the past two years under the auspices of this committee. The work was launched by the Association in 1916 when Dr. Charles Edwin Briggs, chairman of the committee, presented the subject of Fractures and Dislocations. Last year Dr. William D. Porter, of Cincinnati, conducted a series of fifteen meetings, demonstrating the subject of Obstetrics.

Last fall while Dr. Hoover was serving with the Lakeside Hospital Unit in France, the committee—desiring this year to present the subject of physical diagnosis—made arrangements with Dr. John Phillips, Assistant Professor of Medicine at Western Reserve to conduct the 1918 meetings. Recently, Dr. Phillips was called into active military service. In the meantime, Dr. Hoover had returned from France. He agreed to take over Dr. Phillips' work, at the urgent request of the state committee.

As far as possible the schedules of the two previous years will be followed. The meetings will be held in cities which are easily accessible to the adjoining counties. This makes it possible to cover the entire state with 15 meetings. Dr. Hoover's available time makes it necessary to hold these meetings in June or in October.

The general plan pursued last year will be continued. In most instances the meetings will start at 4 P. M. and Dr. Hoover will lecture until 6. At that hour a subscription dinner will

be served by the local committee. At 7 the lecture and demonstration will be resumed, and will continue for two hours. A slight deviation will be offered this year in that the last hour will be devoted by the speaker to a consideration of medical phases of the war. Dr. Hoover, during his service in France, spent some time in the casualty clearing stations, and his account of modern war conditions, particularly in reference to the poison gases, is very interesting.

JUNE MEETINGS

The following meetings have been arranged for June. Further information concerning each will be mailed to members residing in the counties included.

Marietta, Thursday, June 6, at 4 P. M. in the Assembly Room of the Court House, Corner Second and Putnam Streets. For physicians residing in Athens, Meigs, Morgan, Noble and Washington counties.

Steubenville, Friday, June 7, 3 P. M. Standard time (4 P. M. local time) at the Y. M. C. A., North Fourth Street. For physicians in Belmont, Harrison, Jefferson, Monroe and Tuscarawas counties.

Xenia, Tuesday, June 18. For physicians of Clark, Clinton, Greene, Madison, Montgomery and Warren counties. Details later.

Newark, Thursday, June 19. For physicians of Fairfield, Guernsey, Knox, Licking, Muskingum and Perry counties. Details later.

Marion, Thursday, June 20, for physicians of Crawford, Delaware, Logan, Hardin, Marion, Morrow, Wyandot and Union counties. Details later.

Portsmouth, Tuesday, June 25. For physicians in Adams, Gallia, Jackson, Lawrence, Pike and Scioto counties. Details later.

OHIO HOSPITAL NOTES

—The hotel on the Hartman Farm, south of Columbus, is to be converted into a sanitarium known as the Columbus Rural Rest Cure Home. Dr. George T. Harding, Jr., of Columbus is one of the incorporators. The hotel contains 23 rooms and will accommodate 15 patients.

—Charles O. Gross, formerly superintendent of Springfield Hospital at Springfield, Illinois, has become general superintendent of the Massillon City Hospital.

—Toledo City Council passed legislation, April 23, for borrowing \$100,000 for the purchase and establishment of a contagious and communicable disease infirmary in the old Toledo Medical College. After the new hospital is established a modern building on the present isolation hospital grounds will be used exclusively for smallpox cases, which are now confined to an older wooden structure. The new dispensary and clinic will be devoted particularly to the treatment of social diseases.

—Dr. John M. Withrow has resigned from the staff of the Cincinnati General Hospital. Illness and a desire to withdraw from the many activities in which he has been engaged, in addition to his practice, induced him to resign. Dr. Withrow was appointed to the staff of the old City Hospital in 1900.

—Fire starting in the dry room of the laundry at Dayton State Hospital, April 18, caused a loss estimated at \$35,000.

—Cuyahoga County commissioners have offered the government the use of the 55-acre fair grounds located at Chagrin Falls for the establishment of a military convalescent hospital.

—During March a total of 580 visits were made to the free dispensary at Columbus Children's Hospital. This is a record for this department.

—A Portsmouth resident has donated the lot adjoining Hempstead Hospital to the city for use as a site for a nurses' home. The donation was made on condition that the city expend an amount equal to the value of the lot (\$2,500) on improvements on the hospital.

—Mansfield's new General Hospital was dedicated on May 12 and opened for the reception of patients on the following day. A nearby residence has been leased for a nurses' home.

—Dr. Stephen A. Douglass, superintendent of the Ohio State Tuberculosis Sanatorium at Mt. Vernon, has received 12 applications for admission from men who have been discharged from Army service at Camp Sherman and Camp Sheridan on account of having contracted tuberculosis. The state department of health has received about 250 such applications. As the state

board of administration has no funds available with which to erect quarters for these men it has taken the matter up with Red Cross officials.

—In February it cost \$2.19 a day to treat patients at Springfield City Hospital. In March it cost only \$2.14, a reduction of five cents a day. Since the number of patients treated was 303 and the total number of days of treatment given was 2,757, it shows a reduction of \$137.50 in the cost of operating the hospital. Drugs and medicines totaled \$1,817.35.

—Steubenville city council has authorized the expenditure of \$500 for the erection of a small hospital for the segregation of smallpox patients.

—In a campaign to raise \$6,000 with which to meet a deficit in operation and purchase new equipment for Salem City Hospital in early April, the amount was considerably over-subscribed.

—Under the auspices of the Belmont County Medical Society a public meeting was recently held in Bellaire in the interest of a movement for a county tuberculosis hospital.

—Miss Clara Poalz, Kokomo, Indiana, has been appointed night supervisor of the contagious branch of Cincinnati General Hospital, succeeding Miss Ethel Swope, who resigned to take up nursing in France.

—Elyria Memorial Hospital is crowded to capacity and the classes of the nurses' school are entirely filled. The hospital was recently placed under new management. The staff and trustees met May 15 to receive the suggestions of The American College of Surgeons on the betterment of hospital conditions.

—Summit County commissioners have asked the state health department for permission to utilize a building on the county infirmary grounds as a hospital for advanced cases of tuberculosis. The building will house 15 or 20 patients, thereby alleviating crowded conditions at Springfield Lake Sanatorium until cottages can be erected.

—Graduation exercises for 19 pupils of the Youngstown Hospital training school were held May 2.

—Huntington, West Virginia, has been agreed upon as the site for a hospital which the Chesapeake and Ohio Railway Company will erect for the benefit of its employees. Tentative plans estimate the cost at approximately \$25,000.

—Organization of a joint district for the erection of a tuberculosis hospital has been suggested to Monroe, Morgan, Washington, Guernsey and Noble Counties by the state department of health. During the years 1909-16, inclusive, 1,266 persons died of tuberculosis in these counties.

—According to a decision reached by the Federal Commission for the Treatment of Trachoma, a federal controlled hospital for the treatment of that disease will be established in Waverly. An eye specialist, paid by the government, and a corps of trained nurses, under

the direction of the state health department, will be in charge of the institution.

—A committee of the Cleveland Hospital Council has recommended the establishment of a purchasing bureau as a department of the council. It is believed that the purchase of supplies for all Cleveland hospitals through one agency will effect a big annual saving. The bureau will be under the direction of Secretary Howell Wright.

—The number of patients at Franklin County Tuberculosis Sanatorium is larger now than at any time since the opening of the hospital five years ago. There are 120 applications for admittance on file.

—Thirty-nine nurses at Lakeside Hospital training school, Cleveland, received their diplomas May 2.

—Commissioners of Sandusky, Erie, Lorain and Ottawa Counties, May 1, decided to raise funds sufficient to buy a site and erect a tuberculosis hospital to cost \$125,000. The cost will be apportioned to the four counties on the basis of the 1917 tax duplicate. Accordingly the share of Sandusky County will be something like \$27,000, 21% of the total; Erie County \$27,500, being 22%; Lorain County \$54,200, being 43%; Ottawa County \$15,000, being 12%. Huron County has not definitely decided whether it will join the above mentioned counties in establishing the hospital.

—Miss Sarah J. Moyer, formerly of Presbyterian Hospital, Pittsburg, has taken up her duties as superintendent of the Twin City Hospital, Uhrichsville.

—Simple but impressive ceremonies marked the laying of the cornerstone of Good Samaritan Hospital, Sandusky, April 22. The laying of the cornerstone came on the first anniversary of the inauguration of the campaign for the \$100,000 hospital fund. According to the will of a late Sandusky resident, the institution will receive a bequest of fifty or seventy-five thousand dollars.

—Miss Anna Kandel, former superintendent of nurses at the Jewish Hospital, Cincinnati, has been appointed to succeed Miss N. J. Napier as superintendent of Springfield City Hospital. Miss Napier contemplates entering war work.

—Marion hospital facilities were doubled May 8 when Dr. E. O. Richardson opened the new Orchard Hospital in the building formerly occupied by the old Marion Hospital. Dr. Richardson, who formerly operated a small hospital under the same name, purchased the equipment and furniture of the old Marion Hospital and secured a lease on the building. The new institution has 20 available beds and can in emergency accommodate 30 patients.

—Loss of 25 members of the staff of Cincinnati General Hospital to war work has caused a reorganization of the staff. The revised medical

personnel of the institution is as follows: Medical Clinic—assistant director, Mark A. Brown; attending physician, George A. Fackler; assistant attending physicians, L. G. Heyn, Arthur Ramsey and H. B. Weiss; Consulting Staff, J. C. McKenzie; First Surgical Clinic, assistant, Charles E. Caldwell; attending surgeons, Arch. I. Carson, H. H. Hines; Consulting Surgeon, E. W. Walker; Second Surgical Clinic, assistant director, Frank Fee; attending surgeons, Carl Hiller, Dudley Palmer, C. A. Langdale and L. Howard; Obstetrical Clinic, assistant director, W. D. Porter; assistant obstetrician, Magnus A. Tate; Pediatric Clinic, E. A. Wagner, J. Victor Greenbaum and Albert J. Bell; Neurological Clinic, assistant director, David I. Wolfstein, Robert Ingram and Clyde Shinkle; Orthopedic Clinic, attending surgeon, R. B. Cofield; Dermatological Clinic, assistant director, Elmore B. Tauber; attending physician, Charles Broeman; consulting physician, August Ravogli; Genito-Urinary Clinic, assistant director, G. F. McKim; attending surgeons, Dudley Webb and Joseph DeCourcy; First Gynecological Service assistant director, Sigmar Stark; attending surgeon, E. C. Steinharter; Second Gynecological Service, assistant director, John D. Miller; attending surgeon, James W. Rowe; Ophthalmological Clinic, assistant director, Victor Ray; attending surgeon, J. Wyler, Wylie McL. Ayers and Frederick Lamb; consultants, S. C. Ayers and D. T. Vail; Otological Clinic, attending otologists, Walter E. Murphy, Charles C. Jones; consulting otologist, John W. Murphy; Laryngological Clinic, attending laryngologist, C. H. Weintz; consulting laryngologist, J. A. Thompson; Contagious Disease Clinic, assistant director, Albert Faller; attending physicians, Carroll DeCourcy, William L. Shannon, Frank B. Cross, Clark Ervin; Tuberculosis Clinic, assistant director, Vera Norton, A. C. Calverts, James B. Rogers and Kennon Dunham.

—Trustees of Union Hospital, New Philadelphia, are considering plans for enlarging the hospital. The addition of a children's department will permit the hospital to operate a nurses' training school in accordance with the requirements of the State Medical Board.

—Dr. Harry D. Todd has been elected to succeed Dr. George Rankin as chief of staff of the staff of the Akron City Hospital. Dr. D. M. McDonald was named assistant chief of staff and Dr. Rockwell, secretary-treasurer.

NEW MEMBER OF INSURANCE COMMISSION

Robert E. Lee, rubber manufacturer of Akron, has been named by Governor Cox as a member of the commission which is investigating the subject of health and old age insurance in Ohio, to succeed D. R. Kennedy of Youngstown, who resigned to take up industrial work with the National Shipbuilding Commission.

Fine, Imprisonment and Loss of State License Faces Physicians Who "Pad" Fee Bills in Workmen's Compensation Cases

After a long period of delay during which every endeavor has been made to improve the condition by methods less harsh, the state has officially decided to take drastic action against dishonest physicians who "pad" their claims for medical fees in state workmen's compensation cases. The state will act through two agencies: First, criminal charges will be brought against the offending physician by the Industrial Commission. If the charge is sustained and the physician is convicted, the State Medical Board will automatically proceed to revoke his license to practice medicine.

This drastic program is made necessary by the fact that a few physicians—a very small percentage of the total number in the state—continue to impose upon the state compensation fund. The decision to act will be welcomed by the great majority of physicians in the state because the profession generally has been compelled to suffer through the crooked work of a few. Action will be taken only in clearly established cases. Both the Industrial Commission and the State Medical Board have fortified themselves with formal opinions by the attorney general.

It is most necessary that medical crooks be eliminated. Before many years we will have compulsory health insurance in this state and under such a plan opportunities for fraud of this sort will be very materially increased. It is imperative that in dealing with workmen's compensation—the first step toward state insurance—we as a profession establish and maintain a correct relationship with these state insurance agencies.

The opinion of the attorney general is based upon a specific case which was presented to him by the Industrial Commission. An employe, claiming to have been injured, filed with the Commission a report of the alleged injury in which he set forth the following facts as to its nature and extent: "First finger on left hand swollen and pains, and has sore on first joint of same."

Blank forms of the report were forwarded to the attending physician named by the employe and the physician subsequently filed a medical description of the injury, as follows: "Forefinger of right hand burned—infected."

An investigation was made by the medical department of the Industrial Commission which developed the fact that the claimant had a felon on the first finger of his left hand and that this was the sole cause of his disability. There was no evidence of any burn. The investigation caused the Commission to feel definitely certain that the attending physician had reported the injury as a burn for the sole purpose of collecting a fee for the treatment of a condition which ordinarily would not come within the scope of

the Compensation Act. Prior to the investigation they had paid the doctor \$11.00 for medical services in this case.

When the evidence was laid before the attorney general, he, in an official opinion, cited the Commission to Section 13,104 of the General Code which provides a penalty for fraud of from one to three years in the penitentiary, where the amount involved is more than thirty-five dollars, and for a fine and lesser imprisonment where the amount involved is less than thirty-five dollars. The attorney general held that four elements are essential to constitute the crime of fraud, as follows:

"First: There must be a false representation as to an existing fact of a past event.

"Second: There must be an intent to defraud.

"Third: There must be a reliance upon such fraudulent representations.

"Fourth: Something of value must be obtained thereby."

In a lengthy decision he holds that the case as outlined above clearly comes within the legal definition of fraud. The physician's written statement to the effect that the injury was an infected burn instead of a felon meets the first requirement. Inasmuch as the fraudulent statement was made with the intent to obtain an allowance for medical services to which he was not entitled, the second account is covered. The third point is very clearly met because the Commission, relying on the doctor's statement, paid the bill. The check which the Commission sent is certainly a "thing of value," and meets the fourth requirement. In conclusion the attorney general says:

"I advise you, therefore, that if a physician makes a false statement of facts to you as to the cause of the disability of an employe under the provisions of the Workmen's Compensation Act, with the intent thereby to receive an allowance for medical services to which he knows he is not entitled under the law, and such false and fraudulent representations are relied upon by you and by reason thereof the said physician obtains an allowance for medical services and receives a warrant therefor, said physician is guilty of the crime set forth in Section 13,104 of the General Code."

The medical department of the Industrial Commission advised the State Medical Board that it was preparing to proceed in several cases where evidence of fraud has been clearly established. Dr. Platter, secretary of the board, has been advised by the attorney general that conviction on such a charge would constitute "gross immorality" under the Medical Practice Act.

Therefore, in the event of conviction it is more than likely that the physician will not only be

fined and sentenced, but will lose his license to practice medicine in Ohio—and he will receive very little sympathy from fellow practitioners, who realize that honesty must mark the dealings of the profession with public as well as private agencies.

Baby-Saving Campaign in Ohio

In a letter to Dr. A. W. Freeman, state health commissioner, Governor Cox has given strong indorsement to the campaign that is being waged throughout the country to reduce infant mortality. In his communication the governor says there is no "patriotic duty of which the people of this state should be more conscious than that towards the children—their third line of defense," and expresses the hope that "the people of Ohio will give freely of time, effort and money to reduce her child mortality to the minimum."

Startling evidence of the need for pushing vigorously the campaign in Ohio to save 4,510 babies is found in the recent report of the state department of health, showing that the lives of 482 Ohio children under five years old were sacrificed during February to 10 diseases which are classed as preventable—pneumonia, whooping cough, diphtheria, typhoid fever, smallpox, meningitis, measles, scarlet fever, syphilis and tuberculosis.

Deaths of Ohio children under five from all causes totaled 1,201 in February. They numbered 1,232 in January, of which 400 were due to preventable causes. Under the plans for conservation of child life during the present year, the monthly death average must be kept down to 902. In other words, Ohio lost during the first two months of the year 2,433 babies, although, under the baby-saving program, she should have permitted only 1,804 to die.

Inasmuch as 36 per cent. of the deaths of children which occurred during January and February, were in the non-city area, the necessity for earnest work by rural and village districts is apparent.

Ohio cities have taken up this work with enthusiasm. Public clinics have been established to which mothers are urged to bring their children for medical examination and attention. Instruction in infant feeding and hygiene is given and the babies are weighed and measured. A record is made of each baby on cards printed by the Children's Bureau of the United States Department of Labor. A table of normal weights and heights for each month of the child's life is printed on the back of the card, and there is space for the child's name, address, race, date of birth, nativity of parents and whether the birth was registered by the state officials.

Figures will be compiled from month to month by the child welfare department of the woman's committee of the Council of National Defense, working in conjunction with the state health

department, to show what effect the movement is having on the high death rate indicated by the figures for February and other months before the work began. In general Ohio has a rather high baby death rate, but one which is somewhat lower than that for the registration area of the United States as a whole. Minnesota has the lowest infant mortality rate in the registration area.

Why the Babies Die

Low wages of fathers and the gainful employment of mothers away from home accompany an excessive death rate among babies, according to a report issued by the Children's Bureau of the United States Department of Labor. This conclusion was reached after investigating conditions at Manchester, New Hampshire, where one out of every six babies born in a single year died during the first year of life.

The study was absolutely democratic in scope and included all babies whose births were registered during a single year and whose families could be found. There were wide variations in rate between different groups of the population, according to the fathers' earnings, the mothers' employment, the congestion of homes and the way in which the babies had been fed.

Nearly half of the 1,643 babies had fathers whose earnings were less than \$650 per year, more than one-eighth had fathers earning less than \$450, and only one in sixteen had fathers earning as much as \$1,250. The death rate among babies in the poorest families was more than four times as high as that in the highest wage group. Where the fathers earned less than \$450 a year, almost three-fourths of the mothers were gainfully employed during some part of the year after the baby's death. As the fathers' earnings rise the proportion of working mothers falls until we find less than one-tenth of the mothers employed in the group where wages exceeded \$1,050. The rate is especially high—277.3 per 1,000—among the 119 babies whose mothers went out to work before they were four months old.

The babies were grouped also according to housing conditions. The death rate for babies whose homes were in one-family houses was 86.1 per 1,000; in houses containing seven or more families 236.6 per 1,000. Similarly the rate showed a steady increase according to the number of persons per room. It was 123.3 per 1,000 where the family had more rooms than persons, and 245.9 where there were two or more persons per room.

MEETING INDEFINITELY POSTPONED

Owing to conditions brought about by the war the American Proctologic Society will not hold its annual meeting in Chicago on June 10-11, as scheduled. It is probable that the society will not meet until the war has been terminated.

Ohio Inaugurates New Policy to Provide Expert Care for Her Juvenile Delinquents

On May 1st Ohio began the work of setting in motion what state officials say is the most constructive movement ever attempted in the United States for the classification and segregation of the socially unfit and the protection of society from the contaminating influences of its impaired units. Dr. Henry H. Goddard, formerly director of the department of research of the Training School at Vineland, New Jersey, is in charge of the work as head of the new bureau of juvenile research, under the Ohio board of administration.

By the creation of the bureau, the first of its kind in the United States, Ohio becomes the pioneer state of the union in a work that has long been the dream of those who study social problems. The bureau had its inception in the eightieth general assembly, and the bill creating it was approved by Governor Cox in 1913.

Under the law, all defective juveniles are to be committed by the courts to the Ohio board of administration, instead of directly to the various institutions. In this way the children will come to the bureau of juvenile research and will be

detained there for observation and for tests to determine their mental condition. Investigators will visit the homes where surroundings and antecedent conditions will be looked into. This information will be filed with the results of mental and physical tests, to determine if any ailments operate to the disadvantage of the youths.

With the complete records, the bureau will then decide whether the children are normal or defective. Defectives will remain in the custody of the state and will be assigned to the proper institutions for treatment. Normal but delinquent children, whenever possible, will be placed in private homes where wholesome moral influences and good training will give them the chance denied them in their own homes to become good citizens.

An appropriation of \$100,000 has been made for a good building to house the bureau to be located on grounds of the Columbus state hospital for the insane. Dr. Goddard will receive \$7,500 a year—the largest salary paid any state official below the rank of governor.

Birth Registration is Greatly Improved

Dr. J. E. Monger, state registrar of vital statistics, asks *The Journal* to express to the physicians of the state his keen appreciation of their splendid cooperation in the work of improving birth registration.

Since Dr. Monger assumed office he has worked night and day to improve this registration in Ohio. The federal government, after an exhaustive test some months ago, formally recognized this improvement and admitted Ohio to the federal registration area. Since that time conditions have further improved.

This month the department found that in January and February of 1918 there was 12% increase in the number of births reported over the same months of the preceding year. Several cities, during these two months, showed an increase of more than 100%, while one or two increased 300%. Of course, this does not indicate a great increase in birth rate—it means merely that the physicians of Ohio are exercising more care in compliance with the registration laws.

"The nicest feature about the whole situation," Dr. Monger commented, "is the improvement in the reports we are receiving now. Many physicians who formerly failed to report at all, or who reported incompletely, have come to recognize the tremendous value of birth registration and their late reports to our department have been complete and correct in every detail. If the present rate of improvement continues, the physicians of Ohio will make possible the best registration record in the Union."

Spy-Hunters Use Laboratories

Ohio residents are on the lookout for German spies. This is indicated by the increasing number of samples of supposedly "poisoned" food submitted within the past few weeks to the laboratories of the State Department of Health, often with the suggestion that the suspected adulteration may have been done by German sympathizers.

So far the laboratory chemists have found little to support the popular fears.

One mouthful of bread which an Ohio resident had bitten from a slice was found to contain ground glass, but the rest of the loaf was free from glass. Ground glass was also found in a sample of gingersnaps. No explanation of the presence of the glass in these two cases is known.

Ground glass found in a sample of hog meal is supposed to have been due to the use of garbage tankage in manufacturing the meal, a piece of bottle supposedly having been ground up with it.

Many samples have been found entirely free of suspected poisons. A glass of water into which somebody had dropped a suspicious tablet before he gave it to a sick man contained no poison. Numerous samples of candy, flour and other substances have also been proved harmless.

In one recent examination for the State Liquor Licensing Board, a sample of "ginger ale" sold to a soldier was found to contain 15 per cent. of alcohol. The seller is facing charges in federal court.

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NEW BOOKS

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THE MEDICAL CLINICS OF NORTH AMERICA, Vol. I, No. 1, Johns Hopkins Number, July 1917. Published bi-monthly by the W. B. Saunders Company, Philadelphia and London. Price per year, \$10.00.

THE SURGICAL CLINICS OF CHICAGO. Vol. 1, No. 3, with 70 illustrations. June, 1917. Published bi-monthly by the W. B. Saunders Company, Philadelphia and London. Price per year, \$10.00.

FIRST LESSONS IN SPOKEN FRENCH FOR DOCTORS AND NURSES, by Ernest H. Wilkins, Algeron Coleman and Ethel Preston. The University of Chicago Press. Price 54 cents, postpaid.

PRACTICAL MEDICINE SERIES, VOL. III, 1917—Eye, Ear, Nose and Throat, edited by Casey A. Wood, C. M., M. D., D. C. L., Professor of Ophthalmology and head of the Department, College of Medicine, University of Illinois; Albert H. Andrews, M. D., professor of Otology, Rhinology and Laryngology in the Chicago Polyclinic, and George E. Shambaugh, M. D., Professor of Otology and Laryngology, Rush Medical College. The Year Book Publishers, Chicago. \$1.50 net.

THE MASTERY OF NERVOUSNESS, by Robert S. Carroll, M. D., Medical Director Highland Hospital, Ashville, North Carolina. Published by the Macmillan Company, New York.

THE MODERN MILK PROBLEM, by J. Scott MacNutt, lecturer of Public Health Service in the Massachusetts Institute of Technology. Published by The Macmillan Company, New York. Price \$2.00.

A CLINICAL MANUAL OF MENTAL DISEASES. By Francis X. Dercum, M. D., Ph. D., professor of Nervous and Mental Diseases, Jefferson Medical College, Philadelphia. Second edition, revised. Octavo of 497 pages. Philadelphia and London:

W. B. Saunders Company, 1917. Cloth, \$3.50 net. POCKET FORMULARY, by E. Quin Thornton, M. D., assistant professor of Materia Medica in the Jefferson Medical College, Philadelphia. Eleventh edition, revised. Price \$2.00. Lea & Febiger, Philadelphia.

CLINICAL LECTURES ON INFANT FEEDING, by Lewis W. Hill, M. D., Children's Hospital, Boston, and Jesse R. Gerstley, M. D., Michael Reese Hospital, Chicago. 12 mo. of 377 pages, illustrated. Philadelphia and London: W. B. Saunders Company. 1917. Cloth \$2.75 net.

MATERIA MEDICA, PHARMACOLOGY, THERAPEUTICS AND PRESCRIPTION WRITING. For students and practitioners. By Walter A. Bastedo, Ph. G., M. D., assistant professor of Clinical Medicine, Columbia University. Second edition, re-set. Octavo of 654 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1918. Cloth \$4.00 net.

A TEXT-BOOK OF THE PRACTICE OF MEDICINE, by James M. Anders, M. D., Ph. D., LL. D., professor of medicine and clinical medicine, Medico-Chirurgical College Graduate School, University of Pennsylvania. Thirteenth edition, thoroughly revised with the assistance of John H. Musser, Jr., M. D., associate in medicine, University of Pennsylvania. Octavo of 1259 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1917. Cloth \$6.00 net; half morocco, \$7.50 net.

A PRACTICAL TEXT-BOOK OF INFECTION, IMMUNITY AND SPECIFIC THERAPY with special reference to immunologic technic, by John A. Kolmer, M. D., Dr. P. H., M. Sc., Assistant Professor of Experimental Pathology, University of Pennsylvania, with an introduction by Allen J. Smith, M. D., professor of pathology, University of Pennsylvania. Second edition, thoroughly revised. Octavo of 978 pages with 147 original illustrations, 46 in colors. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, \$7.00 net; half morocco, \$8.50.

Come on, Doctor, Let's Wing That Bird

There's a tough old hawk a flyin'
 In our fair Ohio skies,
 Who is mocking and is jeering
 For he thinks he's pretty wise.
 He's the Thrift Stamp Quota given
 To the Buckeye State to sell;
 He believes that he has mounted
 To the stars where he will dwell.
 So he's screeching in his glory
 Sure that he can never fall;
 Thinking he's so elevated,
 That we can't reach him at all;
 Always bragging of his safety
 Like a stuck up hawk will do;
 He continues his high flying,
 Never fearing me or you.

But, let's try to stop his boasting
 By a big War Savings Sale
 They'll be mocking and be jeering
 In Berlin, if we should fail.
 So get out your Thrift Stamp cannon
 Point its nose into the sky;
 We can kill the biggest quota
 That can find the wings to fly.
 Though his feathers are all dollars,
 And there be a billion worth;
 We can shoot our quarter bullets,
 'Till he tumbles down to earth.
 Now put on your Thrift Card armor;
 To your neighbor pass the word
 Buy a Thrift Stamp every morning
 For we have to get that "bird."

Clark County Adopts New Fee Bill

At a meeting of the Clark County Medical Society held in Springfield on April 21, a new fee bill was unanimously adopted to take effect May 1. The most important changes in the schedule are as follows: Office visit, \$1.00; residence visit, \$2.00; residence visit after 10:00 p. m., \$4.00; obstetrical fee (with after-visits at regular rates), \$20.00. Fees for other classes of work were raised in proportion. The revised schedule sets forth the minimum rate, and in cases of special work larger fees will be charged.

A discussion of the subject previous to the adoption of the new schedule brought out the fact that some very essential drugs have increased so much as 2,000 per cent. and were practically prohibitive. Other drugs have increased between three and twelve times, and office rent has raised 40 per cent. These conditions, together with the rapidly increasing cost of living, make it impossible for them to practice under the fee bill which was adopted 12 years ago.

An appeal was made to the members of the society to strictly observe the new schedule. The hope was expressed that, inasmuch as a professional man charges what he thinks his services are worth, no member of the Clark County Society would voluntarily place himself in an inferior class by charging less than the standard adopted by the organization.

A resolution was also adopted authorizing the appointment of a committee to revise the constitution, incorporating the new fee bill, so that those who do not live up to its provisions can no longer remain in good standing in the society.

Belmont County Raises

To keep pace with the present high cost of medical practice, members of Belmont County Medical Society found it necessary to adopt a new fee bill in January. An outline of the revised schedule, as furnished us by Dr. J. S. McClellan, secretary, follows:

General Practice

Office consultation.....50c to \$5.00
Professional call in town.....\$1.50 up
Night call.....\$2.00 up

General Surgery

All fractures, dislocations, amputations, and dressings according to the fee bill of the State Industrial Commission and up.

Anesthetics.....\$5.00 to \$10.00

Obstetrics

Obstetrical service.....\$15.00 up

Genito Urinary

Treatment of Venereal Diseases \$10.00 up.
Spot cash.

Gynecology

Office gynecology.....\$2.00 up
Fees due when service is rendered.

Court's Ruling on Occupational Diseases

The Supreme Court recently laid down a rule which will be a guide for the Ohio State Industrial Commission in the future in determining what constitutes an occupational disease. The case in which the decision was rendered was that of the Industrial Commission vs. Margaret Roth and others, originating in Jefferson County.

Mrs. Roth's husband died from the effects of fumes from paint and the Commission refused to grant her compensation on the ground that death had been caused by an occupational disease, which is not a ground for an award under the compensation law.

The court held death was not due from such a cause and ordered an award. In the opinion, which was written by Judge Donahue and concurred in by Judges Wanamaker, Jones and Newman, the court says:

"1. A disease contracted in the natural and ordinary course of employment, by a person engaged in a particular calling or occupation, which disease from common experience is incident to such calling or occupation, known to be a usual and customary is an 'occupational disease,' and not within the contemplation of the workmen's compensation law.

"2. The accidental and unforeseen inhaling by an employe, in the course of his employment, of a specific, volatile, poison or gas, resulting in injury or death, is not an occupational disease."

Out-Patient Clinic for Cancer

A cancer clinic has been established in connection with the out-patient department of Cincinnati General Hospital. Dr. Frank Fee, assistant director of the second surgical service at the institution, reports that the new department was organized with the following objects in view: (1) To endeavor to impress upon the patients the value of surgery in pre-cancerous conditions. (2) To insist upon early operation upon tumor cases both benign and malignant. (3) To arrange with surgeons in charge of the various surgical services to refer all cases of cancer to this clinic, whether operated upon or not, the object being to keep these cases constantly under observation that they may have the benefit of early diagnosis of recurrences and early secondary operation. (4) To see that all suitable post-operative cases receive X-ray Coolidge tube or radium treatment, and keep them under observation while this is being given.

It has long been recognized by the profession that cancer cases could be treated more successfully if patients could be maintained under observation for a longer period than has been done. It is believed that the new plan of holding out-patient cancer clinics will, in a large measure, overcome this difficulty by making it possible for patients to report as often as their condition requires and receive quick and thorough treatment.

Information Regarding Appointment in the Medical Reserve Corps of the United States Army

Applicant must be a citizen of the United States, between 22 and 55 years of age; a graduate of a reputable medical school; must have qualified to practice medicine in some state; and must be in the active practice of his profession. "Active practice" includes those who specialize in eye, ear, nose and throat, dermatology, neurology, obstetrics, etc.

The Act June 3, 1916, creating the Medical Officers' Reserve Corps provides that in time of peace only those of the grade of first lieutenant may be ordered to active duty, and this with their own consent, but in time of war the services of officers of all grades are at the disposal of the government.

PROCEDURE

a. Fill out personal application blank; write distinctly. These blanks have been widely issued, but additional copies may be secured from Executive Secretary Sheridan, 131 East State St., Columbus, Ohio.

b. Certify to the application before a notary public or other person authorized to administer oaths. This is essential.

c. Secure letters of recommendation from two prominent citizens who know you; these may be from physicians. Attach these letters to the application.

d. Write to the examining board most convenient to you and arrange to present yourself for examination at such time as may be mutually agreeable. Do this as soon as possible. The following are the examining boards in this section. Others will be added before this list reaches you. Write Executive Secretary Sheridan if none of the following are convenient to you: Cincinnati—Capt. Arthur E. Osmond, M. R. C., Livingston Bldg.; Cleveland—Capt. Harry G. Sloan, M. R. C., 1021 Prospect Ave., S. E.; Columbus—The Surgeon, Columbus Barracks; Toledo—Lieut. Claude B. Cole, M. R. C., 903 Oakwood Ave.; Pittsburgh—Lieut. Nicholas Shillito, M. R. C., Jenkins Bldg.; Huntington, W. Va.—Capt. J. Ross Hunter, M. R. C.; Wheeling, W. Va.—Lieut. Leech K. Cracraft, M. R. C., 1216 Market St.; Indianapolis—The Surgeon, Fort Benjamin Harrison; Detroit—Capt. Charles G. Jennings, M. R. C., Harper Hospital. Hours 11 to 1 daily.

e. When you report to the board for examination present to it your application blank, properly filled out and certify to as indicated above, your testimonials, your state certificate, and, if of foreign birth, documentary evidence of your full citizenship.

EXAMINATION

The examination is physical and professional. The minimum physical requirements are (a) height, 5 feet, 1 inch, (b) weight 110 pounds, (c)

vision, 20/100 each eye entirely corrected by glasses—no organic disease.

The professional examination for the Reserve Corps is not severe; it is oral and practical in character, and in case of failure is supplemented by a written examination.

MEDICAL CORPS

A physician may be commissioned in the Medical Corps of the Army provided he is between 22 and 32 years of age (34 up to January 1, 1918) a citizen of the United States and a graduate of a reputable medical college legally authorized to confer the degree of Doctor of Medicine. He must have had at least one year's hospital training subsequent to graduation, including practical experience in the practice of medicine, surgery and obstetrics, and will be expected to present evidence to that effect. Whether or not he is married has no effect on his eligibility to the Medical Corps. He must pass a preliminary examination and a final or qualifying examination in accordance with the rules and regulations which may be obtained on application.

Pass the Good Word

Because of the nature of the work, which makes it inadvisable to give individual cases publicity, we have refrained from mentioning the service which is being rendered members of the Association by our Committee on Medical Defense. This work is progressing steadily and is producing splendid results. There are, by this time, a number of doctors scattered throughout the state who are deeply appreciative of the value of State Association membership.

The feature which the committee has endeavored to develop is the prevention of court action in prospective malpractice suits. In a number of cases prompt action on the part of the Association's general counsel—Messrs. Smith, Baker, Effler and Allen of Toledo,—has sharply called to the attention of would-be litigants the fact that the Association is behind the doctor who is to be the intended victim. In these cases, many of which smack of blackmail, such action is usually productive of results.

The increase in state dues authorized by the Association last year has permitted the defense committee to build up a defense fund which already is sufficient to meet the needs of the Association, and which will be increased yearly. You will be rendering a service in calling this matter to the attention of reputable physicians in your community who are not now members of the Association. This one feature is proving to be of more value than the cost of Association membership.

Medical Section of State Defense Council Reorganizes for Recruiting "Drive" to Enlist 500 Ohio Physicians

Facing the realization that from this point forward the medical profession of Ohio must produce a steady and regular supply of physicians for the Army and Navy, and must immediately produce 500 in order to overcome our present state quota deficiency, there has been developed during the past month a re-organization and coordination of the agencies that have been directing in Ohio the work of recruiting for the military medical service.

Dr. Carl A. Hamann, Cleveland, Chairman of the Ohio Council of National Defense, Medical Section, has completed a reorganization of that body. Dr. Charles S. Hamilton of Columbus was made secretary; vice, Dr. C. D. Selby of Toledo, who is engaged in the United States Public Health Service. The committee, at a recent meeting in Columbus, elected Executive Secretary George V. Sheridan of the State Association, as executive secretary of the committee, and voted to make our Association headquarters in Columbus (at 131 East State Street) the official headquarters of the committee.

To further eliminate duplication, President E. O. Smith of the State Association, then appointed Dr. Hamilton, Mr. Sheridan and Dr. Ben R. McClellan of Xenia, as the Association's War Committee for Ohio, in accordance with a recent request from the American Medical Association.

By this arrangement the State Council of Defense and the State Medical Association joined forces to concentrate all medical recruiting activities and the future consideration of war problems affecting the profession. The complete machinery of the State Association was placed at the disposal of the State Council. A duplication of effort will thereby be eliminated.

This action followed two important national conferences which were attended by representatives of the Ohio profession. At the American Medical Association's conference in Chicago on April 30, the Ohio Association was represented officially by President Smith and Dr. McClellan. This conference was called by the A. M. A. to meet the request of the Surgeon General for co-operation in the present recruiting drive.

On May 4 several Ohio members of the Council of National Defense, Medical Section, attended the conference held in Washington. The plan worked out for Ohio was a combination of proposals suggested at each of these national conferences, and designed to fit the Ohio situation.

At a meeting in Columbus on Friday, May 10, the new organization was effected, during a session at the Columbus Club. Chairman Hamann announced the following revised personnel of the Ohio Council: C. A. Hamann, Cleveland, chairman; C. S. Hamilton, Columbus, secretary; E. O.

Smith, Cincinnati; C. D. Selby, Toledo; Surgeon, Columbus Barracks; H. G. Sloan, Cleveland, L. G. Bowers, Dayton; D. W. Palmer, C. A. L. Reed, and R. L. Thomas, Cincinnati; C. R. Holmes, Camp Sherman; C. A. Burrett, Columbus; B. R. McClellan, Xenia; H. B. Gibbon, Tiffin; Prof. F. L. Landacre, Columbus; Mr. G. V. Sheridan, Columbus.

Dr. Thomas is dean of the Eclectic Medical College, and represents the eclectic profession. Dr. Burrett similarly represents the homeopathic profession. Prof. Landacre, acting dean of the Medical Department, Ohio State University, succeeds Dr. E. F. McCampbell, dean, who is now in service.

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Several matters of interest to the profession were under discussion at the Columbus meeting. The major point, of course, was the need of securing 500 applications in Ohio immediately, so that we may meet our national quota.

To accomplish this the committee authorized Executive Secretary Sheridan to immediately arrange recruiting meetings in the larger cities of the state, and authorized Secretary Hamilton and Mr. Sheridan to issue calls for recruits to each of the smaller counties. Inasmuch as a number of men are preparing to enter service, it was decided not to establish county quotas for the time being, but to proceed with enlistments from the state at large. This work is now in progress.

While the immediate need is great and requires quick work, other problems that will have an important effect upon the development of the profession in the state were given serious consideration. It is well understood that haphazard recruiting, if carried too far, will seriously effect the civilian population, and that civilian needs must be protected through some systematic plan.

Chairman Hamann announced that the committee is ready to proceed as soon as authorized by Washington with the organization in Ohio of the new Volunteer Medical Service corps. Five physicians of high standing have been recommended to Washington for appointment on the control board of this organization, and when their appointments are confirmed, will be placed in complete charge of the development of this new corps in Ohio. The announced regulations governing the organization of this corps—which is open to physicians who would be accepted in the Medical Reserve Corps of the Army were it not for physical disability, age, dependency, or essential public or institutional need—will materially clarify the Ohio situation. It will extend government recognition to those physicians who are needed at home or have good reasons for staying at home. It will, of necessity, mean that the

remainder must give serious consideration to the calls for men in the Army and Navy.

The organization of the Volunteer Medical Service Corps will be developed slowly, as the utmost care will be exercised by the state committee to exclude from its membership those who are not entitled to this recognition. We hope in the next issue of *The Journal* to give more complete details concerning the organization of this corps.

* * *

In order to perfect a statewide organization that will be in constant touch with the exact situation in each county, the Council by unanimous vote decided to select in each county a man of high standing, who is himself completely ineligible for active service, and who will serve as a confidential advisor to the state committee on all matters affecting war problems in his county. The selection of these men is now being made. The list will be kept secret, and the information submitted by them to the State Council will be strictly confidential. This is made necessary by the fact that as the war needs grow, constantly increasing pressure will be necessary, and it would be unfair to impose the burden of decision upon any one individual. Information submitted to the State Committee by these confidential advisors will be made the basis of work in specialized recruiting campaigns, and will be available both to state headquarters and to the National Council in Washington.

* * *

Special attention will be paid to physicians in the state who are of draft age. It has developed that a number of these have been exempted by the draft boards because of dependents. Those who attended the conference in Washington learned that the government would be increasingly strict in passing on the dependency claims of the physicians of draft age. This stand was taken by reason of the increased compensation now available for commissioned officers—commutation of quarters, cheap insurance, protection from debts, etc. A recent statement by Major Edward Martin, of Philadelphia, chairman of the State Activities Committee of the General Medical Board, is indicative of the government's attitude in these cases. In addressing the state committee on this point, he said:

"We believe that every man between 21 and 31 should be in the service of the United States. If one of our profession has been taken in the selective service, and put in the deferred list because of dependents, that is no impediment where enlistment in the Medical Reserve Corps is concerned. Nor has any man under 31 the right to be so prosperous that he can do so much better by himself than the United States can do by him, financially. We are after them. Our honor is involved. Our duty is to get them, and we will do it."

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At this time no definite statement can be made

concerning the organization of the Volunteer Medical Service Corps in Ohio—although Washington is proceeding actively with its development.

However, *The Journal* has received a copy of the rules of the new organization, which gives a fairly clear idea of its eligibility regulations. Much will depend, of course, upon the interpretation of "essential public need" and "essential institutional need," and upon the interpretation of dependency as applied to a commissioned officer.

The regulations, as issued by the Council of National Defense, Medical Section, follow:

VOLUNTEER MEDICAL SERVICE CORPS

I. NAME.—The name of the organization shall be the Volunteer Medical Service Corps of the United States.

II. OBJECT.—1. The object of the corps shall be to establish an emergency medical organization to perform, when required, such civic and military duties as are not provided for.

2. Services of members will be called for and rendered in response to requests to a Central Governing Board from the Surgeon General of the Army, the Surgeon General of the Navy, the Surgeon General of the Public Health Service, and General Medical Board of the Council of National Defense, or from other duly authorized departments or associations.

III. THE CORPS.—The corps shall consist of all members of the organization. The general management of the corps shall be vested in a Central Governing Board.

IV. CENTRAL GOVERNING BOARD.—The Central Governing Board shall be a committee of the General Medical Board, Council of National Defense.

V. OFFICERS.—The officers of the corps shall be a president, a vice president, and a secretary, and shall be appointed from among the members of the Central Governing Board. These officers shall constitute the executive committee of the Central Governing Board, and shall direct the activities of the corps.

VI. STATE GOVERNING BOARDS.—1. The State Governing Board shall consist of the members of the State Committee, Medical Section, Council of National Defense. The State Committees shall select, subject to the approval of the Central Governing Board, five of their members who are eligible for election in this corps to act as the executive committee of the Volunteer Medical Service Corps in the respective states.

2. The duties of the executive committee of the State Governing Board shall be to consider applications for membership in the corps from the respective States and to submit recommendations regarding these applications to the Central Governing Boards.

3. The State Governing Board shall aid in the work of the executive committee and perform such other duties as may hereafter be deemed essential by the Central Governing Board to ac-

comply the purpose for which the corps was created.

VII. MEMBERSHIP.—1. Such physicians shall be eligible for membership in this corps as would be accepted in the Medical Reserve Corps were it not for—

- (a) Physical disability.
- (b) Over age (55).
- (c) Essential public need.
- (d) Essential institutional need.
- (e) Dependents.

2. Women physicians are eligible.

3. Application for membership in the Volunteer Medical Service Corps shall be made upon blanks furnished for that purpose by the Central Governing Board. The completed form shall be returned to the Central Governing Board for proper classification according to training and special fitness.

VIII. METHOD OF ELECTION.—1. The members of the corps shall be graduates in medicine who are licensed to practice medicine in their respective States, who have made application for membership, who meet the qualification requirements that are now or shall from time to time be established by the Central Governing Board, and who shall be elected to membership by the Central Governing Board.

2. Each physician elected to membership in the corps shall be designated as a member of the Volunteer Medical Service Corps.

3. It shall be the duty of each member of the Volunteer Medical Service Corps to notify the Central Governing Board when eligibility to the corps ceases to exist.

IX. INSIGNIA.—1. Members of the corps shall be authorized and encouraged to wear the insignia of the corps.

2. The insignia may be secured by members of the corps under such regulations as may be determined upon by the Central Governing Board.

3. The insignia shall not be loaned to any person not a member of the corps, nor shall it be worn after notification that eligibility to the Volunteer Medical Corps has ceased to exist.

X. Any members of the corps may be expelled for conduct which, in the opinion of the Central Governing Board, is derogatory to the dignity of the corps or inconsistent with its purposes.

XI. AUTHORIZATION.—The organization and insignia have been authorized by the Council of National Defense.

First Lieutenant Christian R. Holmes, III, son of Major Christian R. Holmes of Cincinnati, was recently awarded the Croix d' Guerre in France. Lieutenant Holmes is said to have displayed extraordinary coolness and bravery as the leader of a patrol. He crawled through 12 strands of wire in front of an enemy listening post, leaped upon the sentinel, made him a prisoner and brought him back through No Man's land.

War Notes

The Lucas County Academy of Medicine now boasts of 44 stars in its service flag. Drs. Henry Levi Price and Squire Q. Beverly, both of Toledo, new members of the Academy, are the latest to enter service. They have both received lieutenants' commissions and have been assigned to duty at Fort Oglethorpe, Georgia.

Lieutenants E. S. Jones of Painesville and J. M. Pumphrey of Mt. Vernon, who are stationed at Kelly Field, U. S. Aviation School, San Antonio, Texas, are among the nine doctors appointed to examine 5,000 soldiers for hookworm. About 15% of the soldiers in the south are infected.

Friends of Dr. E. K. Nippert of Cincinnati, who went to Germany to enter the Red Cross medical service in 1916, fear for his safety. Shortly before the United States declared war letters were received from Dr. Nippert by his brother, Judge Alfred K. Nippert of Cincinnati, but since then nothing has been heard from him.

We are in receipt of a note from Dr. C. F. Murbach of Archbold, thanking us for his membership card and requesting that *The Journal* be forwarded to his military address. Captain Murbach is serving with the 168th Field Hospital, 117th Sanitary Train, 42nd Division, American Expeditionary Forces, France.

Dr. A. F. Sarver of Greenville has been transferred from Fort Riley to Camp Funston, Kansas. Dr. Sarver has charge of two companies and is battalion surgeon of the 355th Infantry.

Plans have been completed for giving proper care to members or prospective members of the United States Army who are found to be tuberculous. The Surgeon General's Office has delegated the National Association for the Study and Prevention of Tuberculosis to receive the lists of names of all men thus rejected either by draft boards or after the men have reached training quarters and before they have completed their probationary period and become full-fledged soldiers or sailors. These names will be forwarded to state anti-tuberculosis and public health agencies and Red Cross offices nearest the men's homes. Local agencies will then follow up the cases and see that they receive proper care.

Dr. R. C. Saunders has resigned as assistant superintendent of the Soldiers' Home, Sandusky, to accept a lieutenant's commission in the Medical Officers' Reserve Corps.

Twelve members of the Hempstead Academy of Medicine (Scioto County) are in military service. This is one-fourth of the membership.

Captain E. R. Brush of Zanesville has been transferred from Columbus Barracks to the base hospital at Camp Grant, Rockford, Ill.

Dr. James M. McGeorge, lieutenant, M. O. R. C., left Salem May 6 for Ann Arbor, Michigan, where he will enter the psychopathic hospital for intensive training.

Dr. Oscar H. Sellenings of Columbus, engaged in child welfare work in France, has been transferred from Paris to Marseilles to assist in establishing a children's hospital in the latter city. Marseilles, Dr. Sellenings writes, manufactures more soap and uses less than any other city in the world, and because of its uncleanly habits, statistics show that a soldier there has twice as good a chance to live one year as an infant. The new hospital is being established by a corps of American doctors, nurses and nurses' aides.

Dr. John W. Means of Columbus, now attached to Base Hospital No. 22, Milwaukee, has been promoted from captain to major. Dr. Means was commissioned a lieutenant in the Medical Officers' Reserve Corps at the outbreak of the war. He is now in charge of plastic surgery at the Milwaukee hospital.

Dr. Frank A. Stove of Bowling Green, lieutenant, M. O. R. C., reported at Hoboken, New Jersey, April 24.

Colonel Edward G. Huber, commandant of the Camp Sherman Base Hospital, has been appointed to the command of Cincinnati Base Hospital No. 25. The Cincinnati hospital was recently increased from a 500 bed unit to a 1,000 bed unit, thereby increasing the authorized strength of the unit to 35 officers, 100 nurses and 200 enlisted men. Colonel Huber has been in Army service for 11 years and prior to America's entry into the war was Chief Surgeon of the Central Department, with headquarters at Chicago.

Dr. Wilson S. Chamberlain of Canton, now on duty at Camp Crane, Allentown, Pennsylvania, has been promoted from lieutenant to captain. Captain Chamberlain is the son of Dr. H. H. Chamberlain of Canton.

Fort Benjamin Harrison is to be turned into a permanent base hospital with a capacity of between four and five thousand beds next fall, for the care of casualties among the American Expeditionary Forces in France. The fort will continue to be used during the coming summer for the training of troops.

Dr. Claude Davis of East Liberty, serving with the British Army in France, was gassed on the

Somme sector and at the same time suffered the loss of his hearing, according to recent report. He was caught in a dugout when the Germans made an attack with shells and gas bombs. Dr. Davis writes that he believes he will recover his hearing.

Dr. A. V. Sibert of Lima, lieutenant, M. O. R. C., has been transferred from Camp Sherman to Camp Greenleaf, Chickamauga Park, Georgia.

Dr. F. A. Lawrence of Elyria has been assigned to duty at Camp Hancock, Georgia.

Dr. John T. Haynes, chief surgeon of the Ohio Soldiers' Home, Sandusky, has received word that Dr. William T. Fenker, his assistant, was among those gassed by the Germans recently. He says that he carried a temperature of 101 degrees for several days.

Three women physicians of Ohio have entered active military service. Dr. Edith Smith of Cincinnati enlisted April 19 and has reported at the Mayo Clinic, Rochester, Minnesota, for special training before going to Fort McPherson, Georgia, for duty. Dr. Smith, who is the first woman to be called to the medical service from Cincinnati, will be known as a private, but will have the privileges of a first lieutenant. Dr. Edythe A. Bacon of Cleveland has enlisted in the National Army as a contract surgeon and expects to be sent abroad after a course of intensive training. Dr. Bacon spent six years as a medical missionary in southern China. Dr. Elizabeth Hooker of Cincinnati is also doing contract work as an anesthetist.

Dr. J. J. South of Massillon, lieutenant, M. O. R. C., who recently returned to this country physically incapacitated for military service, was the principal speaker at a mass meeting in Warren, Ohio, to boost the Third Liberty Loan sale. Dr. South was connected with the Thirty-sixth Ambulance Corps of the British Army and participated in the drive at Cambrai. He was gassed and then captured by the Germans, from whom he escaped.

Newspaper reports in early May stated that Dr. Allison Van Horn of Findlay was critically ill with diphtheria in France. Dr. Van Horn had for a long time been stationed at Barrington Hospital, England, but recently was transferred to the French front.

Dr. Andre Crotti of Columbus addressed the Kiwanis Club of that city, May 8, on "The Physiological and Psychological Effects of the Great War." Dr. Crotti, a native of Switzerland, told of his experiences in German universities.

Fifteen hundred nurses, in convention at the Hollenden Hotel, Cleveland, May 7, asked the government to recognize their profession by

granting commissions to war nurses in the regular Army. This plan is in operation in Canada and Australia. Miss Anna Goodrich, president of the American Nurses' Association and chief inspector of American hospital in France, attended the convention.

To Dr. Frank H. Williams of Portsmouth, who is with expeditionary forces of the Red Cross bound for Palestine, belongs the distinction of being the champion long-distance buyer of War Savings Stamps for Scioto County and probably the entire state. Dr. Williams recently mailed to the Scioto County War Savings Committee an order for \$1,000 worth of stamps, the maximum amount which one person may buy.

War is making terrific inroads on our medical organization here in Ohio. The type of men who respond to the nation's call is the type most active in promoting the interests of the profession in civil lines. The most recent example is Dr. A. S. McCormick of Akron, who since 1913 has served as secretary of the Summit County Medical Society. During that time the organization has increased from 96 members to its present proportions. Ceaseless activity on the part of Dr. McCormick is largely responsible for this increase.

Dr. McCormick enters the Canadian Army Medical Corps as a captain. He is a native of Canada and for that reason was ineligible for the U. S. M. O. R. C., although his citizenship

will be completed sometime late in the year. Army life will not be new to him. He retired as a captain in 1907 after serving 12 years with the Third Canadian Infantry. During his service he spent a year with the service troops in South Africa and received two war medals. His army experience covers ten countries and three continents, and should, therefore, be very valuable in his new position.

This is from a recent issue of the newsy bulletin issued by the Toledo Academy: "Capt. Burt G. Chollett, who has been working in the Military Orthopedic Hospital, Shepherd's Bush, London, has been presented to the King and Queen of England, and is quite chummy with the ex-King of Portugal, who since the war began has been superintendent of Shepherd's Bush Hospital, which is doubtless a better job than his former one at Lisbon. Capt. Chollett has just been placed in charge of American Red Cross Hospital No. 24, Kensington Palace Gardens, W. S., 'with an unlimited bank account and the most gorgeous home imaginable turned into a hospital, 35 beds, large conservatory, garden, recreation room with gramophone, grand piano and all the fixings— . . . with an Overland ambulance and a Cadillac pleasure car . . . 5 American nurses, 6 British society girls as V. A. D.'s, 6 maids and 2 valets . . . This hospital is primarily for American officers, but at present is being used for English officers.' Burt might have invited the Academy over for a good time, but he didn't. He suggests some letters, for he 'gets — lonesome at times and letters do a lot of good.'"

Official notice has been received that Captain Richard L. Jett of Cleveland has been killed in action on April 13.

Capt. Jett graduated from Jefferson Medical College in Philadelphia in 1907, and immediately afterward was appointed an interne at St. Alexis Hospital, Cleveland.

After this he practiced medicine in Cleveland, and was on the medical staff of the Babies Dispensary and Hospital.

In 1915 he joined the British Field Hospital for Serbia, where he was commended for his bravery during the Serbian retreat and commissioned a captain in the Serbian Army.

When the war broke out between America and Germany, Dr. Jett returned to this country and was commissioned a Captain in the Medical Officers Reserve Corps, later becoming attached to the British Expeditionary Forces in France.

The last word received from him was on April 3, which stated that he had been appointed as a Medical Officer of the battalion, and that he had just been cited for three decorations in connection with his work in Serbia.

The following is an excerpt from a letter received from Dr. Willoughby D. Bishop of Alexandria, lieutenant, M. O. R. C., who is now serving with the 163 Aero Squadron, American Expeditionary Forces:

"I would appreciate it very much if you can send my *Journal* overseas to me, providing that is your custom. I feel isolated from the medical doings of the state without it and it would certainly do me good to read my home *Journal*—the best in the States."

We are glad to know that our friends in military service want *The Journal*. It certainly is our custom to send it to camps at home, abroad—and everywhere our members want it. We are anxious to keep our military members in touch with work going on at home and it is absolutely necessary that our civilian physicians be kept informed on the activities of their Army brothers. Dr. Soldier, if your copy of *The Journal* is not being forwarded to your military address, let us know and we will see that the next issue reaches you there. Also, remember that we will be glad to receive items concerning your work which will be of interest to the Ohio profession.

New and Non-Official Remedies

Borcherdt's Malt Sugar.—A mixture containing approximately maltose, 87.40 per cent.; dextrin, 4.35 per cent.; protein, 4.40 per cent.; ash, 1.90 per cent., and moisters 1.95 per cent. It may be used when maltose is indicated in the feeding of infants, particularly in the treatment of constipation. The Borcherdt Malt Extract Co., Chicago. (Jour. A. M. A., Dec. 1, 1917, P. 1875.)

Tyramine-Roche.—A brand of tyramine hydrochloride complying with the standards of New and Non-official Remedies. The Hoffman-La-Roche Chemical Works, New York. (Jour. A. M. A., Dec. 1, 1917, P. 1875.)

Atophan.—A proprietary brand of phenylcinchoninic acid complying with the standards of the U. S. P., but melting between 208 and 212 C. For a description of the actions, uses and dosage, see New and Non-Official Remedies under Phenylcinchoninic Acid and Phenylcinchoninic Acid Derivatives. Atophan is sold in the form of pure atophan and as atophan tablets 0.5 Gm. Schering and Glatz, New York. (Jour. A. M. A., Dec. 8, 1917, p. 1971.)

Arsphenamine.—The Federal Trade Commission having adopted the name "arsphenamine" as the term to apply to 3-diamino-4-dihydroxy-1-arsenobenzene, first introduced as salvarsan, the Council on Pharmacy and Chemistry voted to adopt this abbreviated name in place of arsenphenolamine hydrochloride now in New and Non-Official Remedies.

Arsenobenzol (Dermatological Research Laboratories).—A brand of arsphenamine. It has essentially the same actions, uses and dosage as salvarsan. It is supplied in ampules containing, respectively, 0.4 Gm. and 0.6 Gm. Manufactured and sold by the Dermatological Research Laboratories, Philadelphia Polyclinic, Philadelphia, Pa.

Salvarsan.—A brand of arsphenamine. Supplied in 0.6 Gm. ampules. Manufactured and sold by Farbwerke-Hoechst Co., New York.

Chloramine-T. — Sodium paratoluenesulphochloramide. It has the actions, uses, dosage and physical and chemical properties given in New and Non-Official Remedies, 1917, for chlorazene.

Chloramine-T (Calco).—A brand of chloramine-T. Manufactured by the Calco Chemical Co., Bound Brook, N. J.

Novocaine.—The monohydrochloride of paraaminobenzoyldiethylamina-ethanol. Actions, uses and dosage, see New and Non-Official Remedies, 1917, p. 31. Manufactured by Farbwerke-Hoechst Co., New York. (Jour. A. M. A., Dec. 22, 1917, p. 2115.)

Halazone-Monsanto.—A brand of halazone complying with the New and Nonofficial Remedies standards. Halazone is parasulphonedichloraminzoic acid. The Monsanto Chemical Company, St. Louis, Mo.

MEETINGS OF TOLEDO ACADEMY OF MEDICINE

(Chester W. Waggoner, M. D., Secretary)

The Academy of Medicine of Toledo and Lucas County holds its meeting every Friday night at 8:15 p. m. in the auditorium of the Y. M. C. A. The first Friday in each month is given over to a general meeting, at which time the business of the Academy is transacted, applications for new members received, and those that have been reported on by the Board of Censors are acted on by the Academy as a whole. The remaining Friday evenings of the month are taken up by the different sections, Pathology, Medicine, Surgery, and Eye, Ear, Nose, Throat. The idea has been in the different sections to take up the scientific work through a systematic arrangement, which would be about as follows: Diseases of the Head, Diseases of the Neck, Diseases of the Thorax, Diseases of the Abdomen and Extremities. By following some such plan, we have been able to have a very instructive course throughout the year, and it has been of much value to all the members who attended.

The first Friday of each month includes the business of the month and also a program which usually consists of a lecture or paper by someone from another city. These papers are scientific or of general interest.

The Academy is keeping up its quota in active service, so that at no time are we behind our necessary quota. Communications from the boys who have gone—some still in this country, some on the battle fields of France, actively engaged in the big work of War Medicine and War Surgery—are interesting and make us feel proud of the spirit that these men manifest in taking care of that part of our work, out of local fields.

The Academy of Medicine in membership has exceeded the number of last year, and new members are coming in each month. If we may judge organized medicine by the activity of our local organization, then indeed is this work encouraging at this time. Men are attacking scientific problems with more enthusiasm than they have ever shown before, and discussions of papers are more general, interesting and instructive than they have been before, which, of course, is a satisfaction to the officials of a society, and benefits everyone concerned.

ABSTRACTS

Hydatid Mole, by John Gardner, M. D., abstract of paper read before Toledo Academy:

Mrs. McM., age twenty-one, menstruated four months after marriage then became impregnated. At the end of the first month morning sickness set in, nausea and vomiting increased, so that by

the eleventh week she had lost twenty-five pounds in weight, and was unable to get out of bed. Stomach absolutely unretentive; sordes of teeth, tongue and lips; thyroid not enlarged; chest normal; heart normal, but rapid; pulse 120, small volume; blood pressure, systolic 95, diastolic 60; abdomen scaphoid, and in the lower portion, just above the pubes, could be seen the enlarging fundus of the uterus; urine scanty, containing a trace of albumen, an occasional hyaline and finely granular cast; constipated; no leucorrhea nor cervical discharge; uterus symmetrically enlarged and of good consistency, confirming the diagnosis of about eleven weeks pregnancy. She was put upon expectant treatment. Cracked ice was given to allay the intense thirst, and for the restlessness, bromides and codine. Frequent rectal injections of soda solution were given.

The first day she seemed to improve, but by the end of the third day it was evident that she was rapidly losing ground, and the therapeutic induction of abortion was advised and accepted. Two consultants also confirmed this decision and the uterus was emptied. On inserting the finger into the uterus, the soft boggy mass of hydatid mole was recognized and carefully removed. The day after the operation, the stomach was retentive and the patient made good recovery. To date, nine months later, there have been no further symptoms.

Hydatid mole is essentially a disease of the chorion. The embryology of the chorion was discussed by Dr. Gardiner, and he also called attention to Aichel's experiments, that by injuring the placental sites in thirteen pregnant dogs, he was able to produce hydatid mole in seven of them. It may be, that interference with the maternal blood supply of the early placental site, may cause the change in the villi of the early chorion. Friedlander pointed out that thrombosis of the vessels of the placental site takes place in the latter part of pregnancy. Leopold confirmed this fact, and found the change also in the decidua basalis. Hart and Gulland reported that this change in the vessels not only took place in the developed placental site, but as early as the seventh week of pregnancy in the decidua surrounding the chorion. Hart suggests that this recurring thrombosis may be the determining cause of the onset of labor.

James Young's animal experiments in eclampsia are based on the disturbance in the blood supply of the placental site, causing infarcts in the placenta, the absorption of which produced the toxemia of eclampsia.

While not conclusive, the above view is at least logical, and it may be that we will soon not only find the cause of hydatid mole but also of eclampsia and the onset of labor.

Dr. Fred Fletcher, Columbus surgeon, is the latest to join the fighting forces. He has been commissioned as a major.

MEETINGS OF COLUMBUS ACADEMY OF MEDICINE

(Report by Ivor G. Clark, M.D., the Secretary)

Meeting of April 15—Dr. W. D. Murphy presented a case of chicken-pox preceded by herpes posterior to the ear.

Dr. A. B. Landrum presented a paper on "The Prevalence and Persistence of Venereal Diseases. Dr. Landrum pointed out that almost three times as many men in private life are infected with gonorrhea as in the regular army. He impressed upon the Academy the necessity for more careful consideration of this infection with the purpose of producing a greater percentage of permanent results. Several authorities quoted would indicate that only twelve per cent. of the cases are brought under control. The paper was freely discussed by Dr. Shawaker, Dr. Baldwin and Dr. Upham.

Dr. Hugh Baldwin presented a paper, "Discussion of Surgical Kidney," with the presentation of specimens. The talk was limited mostly to pyelitis, pyelonephritis, and pyonephrosis. It is agreed now by the majority of observers that most of the infections of the kidney are hematogenous in character rather than ascending. In most cases of pyelitis frequent and painful micturition are the only early symptoms. If kidney calculi are present on the one side they are present in seventeen per cent. of cases on the opposite side. Dr. J. F. Baldwin, Dr. Shawaker and Dr. Upham discussed Dr. Baldwin's paper.

The Academy indorsed Dr. Upham's motion that an appropriation of \$300.00 as a memorial to Dr. Matson to be contributed by the Academy of Medicine, and the matter was referred to the Council.

Meeting of April 22.—Dr. W. J. Means reported his experience of 1600 cases of laceration, abrasion, puncture and compound fracture treated with Dichloramine-T. The results in these cases were much more favorable than his previous experience with iodine. Strict technique must be followed, however, particularly with reference to the use of this substance in contact with water. Deterioration in the air is rapid and fresh solutions must be made almost daily. The wounds are cleansed with gasoline and dried in a current of air and Dichloramine preparation used with a light dressing. The saving in dressing material is important. Dichloramine-T may cause dermatitis at times and is quite painful in burns. Dr. Means' paper was discussed by Dr. L. L. Bigelow and Dr. F. H. Powers of Bucyrus.

Dr. C. L. Spohr reviewed the work of Cole at the Rockefeller Institute on classifying the different groups and types of pneumococci. There are two groups and four types mostly recognized by immunity reactions. A serum is useful only

in type one. Type four is the mouth pneumococcus and is not nearly so virulent as type three which causes the highest mortality. Positive blood culture may be obtained in from 20 to 40 per cent. of the cases and is important.

Dr. Ernest Scott discussed Dr. Spohr's paper and referred to the recent study of the blood count in a large number of cases of pneumonia in Johns Hopkins Hospital. A low blood count of 10,000 continuing, is of serious import. A high count after the crisis indicates an empyema. A poor staining power of the polymorphonuclear leucocytes indicates an unfavorable prognosis.

The following applications were read and passed upon: Dr. M. D. Godfrey, Dr. H. R. Burbacher, and Dr. Harry A. Minthorne.

COUNTY SOCIETIES

FIRST DISTRICT

Adams County Medical Society held its regular meeting at the West Union court house, April 24. The program follows: "Variola and Its Diagnosis," Dr. Addison K. Kirkpatrick, Eckmansville; "Nephritis," Dr. E. W. Mitchel, Cincinnati. Dinner was served at the Commercial Hotel.

Highland County Medical Society met at the Hotel Parker, Hillsboro, May 1. The meeting was given to the consideration of the call by Dr. Franklin Martin of Washington, D. C., urging the physicians of Highland County to enter the Medical Officers' Reserve Corps. Dr. J. C. Larkin and others seconded Dr. Martin's appeal. There were several interesting case reports.—K. R. Teachnor, Correspondent.

SECOND DISTRICT

Miami County Medical Society held its monthly meeting at the Piqua Club, May 2. Dr. M. M. Brubaker read a paper on "A Few Thoughts on the Conservative Treatment of the Tonsil," and Dr. H. W. Kendall lead the discussion. A patriotic meeting followed the regular program.—R. D. Spencer, Correspondent.

Montgomery County Medical Society held an enthusiastic meeting, April 19, when Dr. Charles F. Hoover of Cleveland addressed the society on "An Internist's View of the War in France." Dr. Hoover's lecture covered war diseases, the effect of the gases used and many other phases of medical warfare that have developed in the present war. Over one hundred members attended the meeting and 80 attended the banquet which followed. The meeting of May 3 was devoted to case exhibits and reports. Dr. E. S.

Breese reviewed current literature.—B. C. West, Correspondent.

Preble County Medical Society held its regular monthly session in the Commercial Club rooms, Eaton, April 18, with an attendance of 10. Dr. A. W. Freeman of the state health department gave an interesting lecture on the control of typhoid.—S. P. Carter, Secretary.

THIRD DISTRICT

Logan County Medical Society met at Hotel Ingalls, Bellefontaine, May 3. The usual noon-day luncheon preceded the regular meeting. In opening Dr. J. P. Harbert gave a brief outline of the medical situation in reference to military affairs and called attention to the urgent need of more men for service. Dr. E. M. V. Thompson of Bellefontaine addressed the society on "Some Recent Experiences in Practice," giving a humorous account of several incidents which greatly pleased his audience. Dr. E. C. Louthan read an excellent paper on "Anemia," which brought forth a free discussion of the subject. The secretary read letters to the society from men in service. Summer meetings will be held in the various villages in the county.—Guy J. Kent, Correspondent.

FOURTH DISTRICT

Putnam County Medical Society met in Ottawa, April 4. As no meetings were held during the past four months and no officers were elected, the society decided on motion that the officers for 1917 should continue during the present year. Dr. Guy S. Wilcox of Columbus Grove was elected delegate to the state meeting and Dr. Neiswander of Pandora, alternate. Dr. W. D. Hickey read an interesting paper on medical ethics, which was fully discussed.—H. A. Neiswander, Correspondent.

FIFTH DISTRICT

Lorain County Medical Society met in special session April 2 in the directors' room of the Lorain County Bank, Elyria. Twenty-five members attended and enthusiastically entered into the discussion of various war measures under consideration. This society has decided by unanimous action to notify each member now in the service of our country that they should know that Lorain County Medical Society stands behind them, and that we are prepared to meet any emergency which may arise and protect their home interests until their return to our circle. Flowers were ordered sent together with expression of sympathy, on account of the death of the wife of Dr. W. C. Hayes of Lorain, and to Dr. O. T. Maynard, who is ill in Elyria. The next session will be held at St. Joseph Hospital, Lorain, May 14.—C. O. Jaster, Correspondent.

Trumbull County Medical Society met at Niles

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on May 2nd and elected the following officers: President, Dr. O. T. Manley of Warren; secretary-treasurer, Dr. F. K. Smith of Warren; delegate, Dr. D. R. Williams, Girard.—F. K. Smith, Correspondent.

SIXTH DISTRICT

Portage County Medical Society held its regular monthly meeting at the office of Dr. George J. Waggoner, Ravenna, May 9, with 12 members present. Resolutions of regret were adopted covering the death of Dr. George E. Hull of Mantua. A special assessment of one dollar was levied to meet current expenses. Assignments for staff service on the Portage County Hospital at Ravenna were made by the executive committee of the society. Each physician is to serve two months. The evening was devoted to case reports, a number of interesting ones being given by Drs. Orton, Van Horn, Sison and others. Lieutenant B. E. Gorham of Kent, M. O. R. C., was home on short leave and spent the evening with us, as did Captain Gatchell of Ravenna, who has not yet been assigned for duty.—W. B. Andrews, Correspondent.

Summit County Medical Society, in regular session May 7, listened to an address by Dr. C. T. Nesbitt, city health officer, on the aims and objects of public health work in Akron. Dr. Nesbitt said that the greatest difficulty to deal

with in Akron is the influx of people due to industrial expansion, from districts surrounding states in which health control is lacking. The speaker gave as a remedy standardization of national health laws and control throughout the country.

Mayor Myers introduced Dr. Nesbitt and discussed briefly the scope of the work being done in the latter's department. Speakers who followed were D. B. Lowe, C. S. Hiddleston, M. D. Miller, D. H. Morgan, Captain L. B. Humphrey, C. E. Townsend, J. G. Blower, J. M. Denison, A. Tachauer, A. G. Gould and T. D. Hollingsworth. New members are E. N. Walker of Springfield Center, P. Prowdley of Sharon Center, and F. V. Gammage of Akron. A resolution of regret was passed upon the recent death of Ion Marion Pfouts of Rittman, who became a member March 5. Thirty-six members from New York, Doylestown, Kenmore and Akron were present.—A. S. McCormick, Correspondent.

Wayne County Medical Society met in the Archer House parlors, Wooster, April 9. A committee of five was appointed to meet with the county commissioners to ask them to erect a building on the infirmary grounds to provide care for tuberculous patients, insane persons and others who are not accepted by the state institutions. The program follows: "Psycho-therapy," Dr. H. A. D. Schollenberger; "Treatment

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of Purulent Otitis Media," Dr. H. A. Hart. Dr. H. J. Stoll reported a case of tuberculous pleurisy and tuberculous peritonitis; another of tuberculous pleurisy and lympho-sarcoma with abdominal ascites; another of ruptured ovarian cyst with peritonitis from malignant papilloma; also a case of intestinal intussusception in a baby of ten months. Operations and recovery followed in each case.

Our meetings are growing in interest. The papers were actively discussed. We were pleased to have with us at this meeting, Dr. J. H. Todd, aged 80 years, a pioneer in the profession who is still in the harness, and Dr. H. A. Hart who joined the society in 1867. The society voted to extend an invitation to the Sixth District Medical Society to meet in Wooster in August. The meeting will probably be held in a tent on the College campus.—D. K. Jones, Correspondent.

SEVENTH DISTRICT

Belmont County Medical Society held its April session in Bellaire on the 17th. The meeting was featured by an address by Dr. R. H. Wilson of Martins Ferry on "Treatment of Uterine Displacements." Following the reading of the paper the subject was fully discussed and clinical material was exhibited.—J. S. McClellan, Correspondent.

Jefferson County Medical Society met in Steu-

benville, May 14. The program consisting of a symposium on lues, was as follows: "Congenital," Dr. S. J. Podlewski; "Diagnosis," Dr. Benjamin Collins; "Treatment," Dr. Reed Cranmer.—J. R. Mossgrove, Correspondent.

EIGHTH DISTRICT

Licking County Medical Society held an enthusiastic meeting in Newark April 25. Dr. A. M. Steinfeld of Columbus addressed the meeting on "Differential Diagnosis of Tuberculosis, Osteomyelitis and Syphilis of Bone." Our 1918 meetings have been very interesting and the members attend well, the average attendance being twenty-four. We have adopted the plan of serving lunch, and it helps to bring out the members.—W. E. Shrontz, Correspondent.

NINTH DISTRICT

Pike County Medical Society held a very interesting meeting at the office of Dr. Orrin C. Andre, Waverly, May 6. In the absence of our president, Dr. E. M. Dixon of Stockdale, Dr. J. R. Hilling of Lucasville presided. Some very interesting cases were reported by Drs. Andre, Tidd, Wills and Wilson. The next meeting will be held in Waverly on June 3. Dr. E. W. Tidd will speak on "Colitis and Proctitis."—L. E. Wills, Correspondent.

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You will agree, we believe, that these are the ideal forms of grain food where ease of digestion is in question. And never were grain foods made so enjoyable.

THE conditions surrounding the production, handling and preparation of Borden's Eagle Brand Condensed Milk assure its purity.

In addition to the tuberculin tests of the state, Borden veterinarians regularly inspect the herds from which comes the milk for Eagle Brand.

Eagle Brand has been specified for years as an infant food. It is easily digested for the curd is soft and flocculent—similar to that of mother's milk. It is always pure—always uniform in quality and composition.

Samples, analysis and literature will be mailed on receipt of professional card.

BORDEN'S CONDENSED MILK CO.
New York



TENTH DISTRICT

Morrow County Medical Society has been rather inactive for the past several months by reason of war conditions, sickness and death. Some were kept busy on the draft board; three, President W. S. Bennett, D. B. Virtue and S. C. Jackson, are in military service, and our vice-president and secretary, R. C. Spear and J. C. McCormick, were taken by death in December. Eight of the remaining faithful members qualified by paying their county and state dues. Because of the great depletion of our ranks we were unable to call together a quorum to elect new officers until May 1, when the following officers were elected: President, C. F. Neal, Cardington; vice-president, G. H. Pugh, Mt. Gilead; secretary, T. P. Johnston, Mt. Gilead; treasurer, W. C. Bennett, Mt. Gilead; delegate, R. L. Pierce, Mt. Gilead; legislative committeeman, R. L. Pierce. Dr. E. L. Leonard of Fulton was admitted to membership. The society has paid the state dues of all members now in military service. The next meeting will be held June 5.

—R. L. Pierce, Correspondent.

Elyria—Dr. C. O. Jaster has moved into more spacious offices in the new Lorain County Bank Building, where he will limit his practice, as in the past, to eye, ear, nose and throat work.

The Eclectic Medical College

CINCINNATI, OHIO

Chartered: 1845.

Admission to the Freshman Class: Certificate of the Ohio State Medical Board, fifteen units plus two years of college work, which must include one year in physics, chemistry, biology, English, and any other one modern language. This pre-medical course can be taken preferably at Miami University, Oxford, Butler County, Ohio (39 miles from Cincinnati), or at any other recognized college or university.

Session: The 74th annual session begins Sept. 12, 1918, and continues eight months.

Tuition: \$120 per year; matriculation fee, \$5.00.

Building: New (1910) six-story building at 630 West Sixth Street.

Clinical Instruction: Seton Hospital Dispensary, Health Department and Tuberculosis Hospital, Seton, Longview and Cincinnati General Hospital (850 beds).

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No. 1

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Schering & Glatz, Inc.

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Atophan therapy in Gout has nothing in common with the old-time "uric-acid-solvent" principle. This fundamentally different drug limits the abnormal *accumulation* and stimulates the *excretion* of uric acid.

You cannot keep your Gout patients on colchicum in any form, not even on salicylates, without having to worry about the *heart*. No need of that with Atophan and more *reliable* results at that. Most Gout sufferers can fortell to a nicety the onset of an acute attack. Instructed to keep on hand a supply of Atophan and to take it promptly, They can avert, or at least shorten and palliate, its course.

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Tablets, each 7½ grains, twenty in box.
Powder, in cartons of one ounce.

Up-to-date druggists have it in stock. If yours has not, please let us know.

CALCREOSE

A New Creosote Product

"Why" and "How"



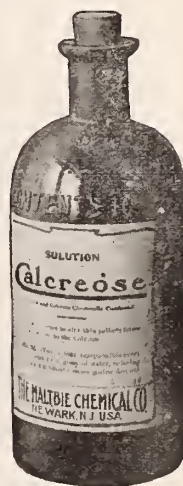
Although pharmacologists are not yet agreed on the "why" and "how" of the good influence of creosote in the treatment of lung infections, clinicians are agreed that creosote is of great value in the treatment of many lesions of the lungs other than bronchitis, especially acute infections.

The problem which the clinician has had to solve is how could he give a sufficient quantity of creosote for an indefinite period of time without provoking untoward effects.

CALCREOSE is a creosote product which can be taken in large doses for a long time without causing gastric irritation or distress.

CALCREOSE is a convenient form of creosote medication. The dosage is accurate and easily controlled.

CALCREOSE is not a specific, but it is a valuable adjunct to the treatment of pulmonary infections, especially mixed infections.



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If you have cases of bronchitis, especially the bronchitis associated with pulmonary tuberculosis, in which you wish to give Calcreose a thorough test, this is a good opportunity to do so.

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Sign and send to

The Maltbie Chemical Co., Newark, N. J.

Gentlemen: Please send me prepaid and on approval: 1,000 Calcreose Tablets.....Price, \$3.00

I will remit in 60 days if I find them satisfactory. Nothing to be returned, nothing to be paid, if results are not satisfactory.

Dr.

Address

Cincinnati Academy Takes Initiative in Movement to Admit Women to Medical Reserve Corps

"An opportunity is being offered to women physicians to enter the medical service of the army under contract—"

"The contract surgeon has the status of a commissioned officer but is not required to wear a uniform. No allowance is made for food, clothing or personal expenses. Under the present law, in addition to pay, the contract surgeon is entitled to baggage allowance of a first lieutenant, mileage on official travel and on joining first station from residence; to quarters, heat and light in kind, but is not entitled to commutation therefor. Pay is by the month at the rate specified in the contract, which pay is not subject to increase for foreign service—"

"The services rendered by a contract surgeon are not restricted to those of a purely professional character. On the contrary his eligibility for duty is the same as that of a first lieutenant except in so far as it is limited by the fact that he is not a commissioned officer."

The above quotations from government circular inviting women to become contract surgeons while denying them the privileges connected with a membership in the Medical Reserve Corps, and the knowledge of the present exigency which

calls every physician to a patriotic duty, were the determining factors in bringing together as a united group the women physicians of Cincinnati to work for Federal recognition on the same basis as men. They are collaborating with groups in California and Illinois, and no broad-minded physician can withhold from them the wish for complete success in securing from the American Medical Association, at the June meeting, a unanimous resolution asking for membership in the Medical Reserve Corps for women physicians.

The Cincinnati Academy of Medicine passed the following resolutions and so far as is known at the present writing, is the first medical body to formally recognize the expediency of granting the women the same rank and pay as men; not only is this a just acknowledgment of the services women physicians have rendered overseas in the present war, but is unquestionably a conservation of medical resources.

"Whereas, There are at this time 5124 women physicians in actual practice in the United States; these having graduated from recognized medical colleges and presumably qualified to practice medicine; most, if not all of them having

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Modern Infant Feeding Is Successful

because its methods are simple, understandable, easy to use, and yield dependably good results. It provides diets suitable for the individual well infant, which cause a normal gain in weight, also efficient corrective diets for digestive disturbances. MEAD'S DEXTRI-MALTOSE is largely used in these diets because it is more readily assimilable than cane sugar or milk sugar, and correspondingly less liable to cause the troubles of sugar fermentation. NO DIRECTIONS for use accompany packages of MEAD'S DEXTRI-MALTOSE. It is made for physicians' use only.

MEAD JOHNSON & CO., Evansville, Indiana

signified their readiness to do war work either at home or abroad.

"Whereas, There are at present many women physicians, who have especially fitted themselves to do the kind of laboratory and research work for which the government is now fitting men at a great expense of time and money.

"Whereas, The sixty-five American women physicians who are now working under the Red Cross in the war zone with many other women physicians from Great Britain, France, Russia and Italy have demonstrated that it is possible for women to endure the hardships of life in the war zone and still do creditable work;

"Whereas, Our highest and most patriotic duty at this time is conservation; and the indiscriminate sending abroad of women physicians to do work other than under government supervision and direction is a pernicious waste of money, time and service;

"Therefore, be it resolved that this Academy of Medicine through the Ohio State Medical Society and the American Medical Association petition the President of the United States, the Secretary of War and the Surgeon General of the Army to authorize the appointment of women physicians to the Medical Reserve Corps of the United States Army on the same footing and with the same rank and pay as men."

The resolution was signed by Drs. Elizabeth Campbell, Marion Hooker, Helen Ratterman, and Nora Crotty.

New Plan for Antitoxin Distribution

Under a new arrangement between the Ohio State Department of Health and the H. K. Mulford Company, manufacturing chemists of Philadelphia, a uniform schedule of prices for diphtheria antitoxin, applying both to purchases at public expense for indigent persons and to private purchases by other patients, will be established in Ohio. In addition the new agreement makes it possible for any druggist in the state to carry a stock of antitoxin.

Heretofore the antitoxin has been available only at the laboratory distributing stations of the State Department of Health, limited in most cases to one druggist in each community. The price of antitoxin for indigent users has been lower under the old system than that paid by other users.

The new price schedule is as follows: 1,000 units, 75 cents; 5,000 units, \$3; 10,000 units, \$5. This is lower than the former rate for general distribution, but is higher than the rate formerly quoted on supplies for indigent cases.

Under the new plan of distribution the Mulford Company will sell the antitoxin outright to any druggist who wishes to keep a stock on hand. Every druggist will be solicited and given an opportunity to participate in the plan.

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SIOMINE is marketed in capsules
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Manufacturing Pharmacists

CEDAR RAPIDS,

IOWA

THE CHECK THAT COMFORTS

Physicians Casualty Association of America.		No.
Omaha, Nebraska, Dec. 28, 1917.		
WHO A THIS POLICY IS SO PROMPTLY RECEIVED		
NOT OVER FIVE THOUSAND \$5000		
Pay to the order of		\$5,000.00
Five thousand and no/100		Dollars.
To FIRST NATIONAL BANK, OMAHA, NEBRASKA		Sec'y-Treas.

Physicians Casualty Association of America.		No.
Omaha, Nebraska, Sept. 12, 1917.		
WHO A THIS POLICY IS SO PROMPTLY RECEIVED		
NOT OVER FIVE THOUSAND \$5000		
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Five thousand and no/100		Dollars.
To FIRST NATIONAL BANK, OMAHA, NEBRASKA		Sec'y-Treas.

Physicians Casualty Association of America.		No.
Omaha, Nebraska, July 11, 1917.		
WHO A THIS POLICY IS SO PROMPTLY RECEIVED		
NOT OVER FIVE THOUSAND \$5000		
Pay to the order of		\$5,000.00
Five thousand and no/100		Dollars.
To FIRST NATIONAL BANK, OMAHA, NEBRASKA		Sec'y-Treas.

Dr. Samuel A. Johnson, Springfield, Mo., in good health and life expectancy, fell under an axe blow from an insane patient. Death followed in a few hours.

The \$5,000 promptly paid to his widow by the P. C. A. had cost the insured \$95.00.

Dr. R. C. Knode, Scotts Bluff, Neb., while driving through a sandy stretch of road, lost control of his car, was thrown out and instantly killed.

The P. C. A. promptly paid the widow \$5,000, which had cost the doctor a total of \$26.00.

Dr. W. R. Wall, Cleveland, Ohio, was driving on an oiled boulevard when his car skidded and "turned turtle," killing the doctor instantly.

He had paid the P. C. A. a total of \$103.00, for which his widow received \$5,000.

None of these doctors had any more reason to anticipate death by accident than you have now, but doubtless the amount paid to the P. C. A. proved the wisest investment they ever made. In sixteen years the cost has never exceeded \$13.00 per year.

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NEWS NOTES OF OHIO

Larue—Dr. J. W. Ruckman of Jenera has located here.

Elyria—Dr. S. F. Basinger has been appointed district physician.

Painter Creek—Dr. Charles F. Puterbaugh had his left eye removed May 1.

Dayton—Mrs. Ella Blaine Mattingly, wife of Dr. J. H. Mattingly, died here April 10.

Akron—Dr. H. H. Jacobs is recovering from the effects of an operation performed April 24.

Wadsworth—Dr. and Mrs. Morrison Everhard announce the birth of a son, Horace Cole Everhard.

Versailles—Dr. E. G. Replogle spent May at Martinsville, Indiana, for the benefit of his health.

Millport—Dr. Henry J. Pelley, for 26 years a practicing physician of this village, has moved to Hanover.

Celina—Dr. Lloyd M. Otis has been appointed township physician and health officer of Jefferson Township.

Portsmouth—Dr. A. S. Brady, for many years a practicing physician of Greenup, Kentucky, has located in this city.

Greenfield—Dr. W. H. Willson spent May in special work in microscopy at Good Samaritan Hospital, Cincinnati.

Port Clinton—Dr. and Mrs. Alexander Hitchcock have returned to their home after spending the winter in the south.

Alliance—Dr. and Mrs. Charles L. Morgan have returned from St. Petersburg, Florida, where they spent the winter.

Ironton—Dr. Roscoe C. Stotts who has practiced in this city for a number of years, has moved to Kenova, West Virginia.

Lancaster—Dr. W. R. Coleman of Sugar Grove, president of the Fairfield County Medical Society, has moved to this city.

Salem—Dr. R. M. Schwartz has been elected health officer to succeed Dr. E. J. Schwartz, now epidemiologist for the state health department.

Columbus—Dr. Eugene C. Beam received severe cuts and bruises about the head when he was attacked by auto bandits near his home, April 14.

Cincinnati—The local academy of medicine has presented its library consisting of more than 3,000 volumes, the accumulation of nearly a half century, to the General Hospital.

East Palestine—Friends of Dr. G. O. Rowland honored him with a farewell reception April 26.

J. McI. PHILLIPS

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PASTEUR Anti-Rabic Treatments

Necessitate frequent shipments during their course.

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Vaccines constitute an important group of remedial agents. These Vaccines are marketed in specially devised aseptic bulk packages insuring added safety in withdrawing contents.

5 C. C. for \$1.00 18 C. C. for \$3.00

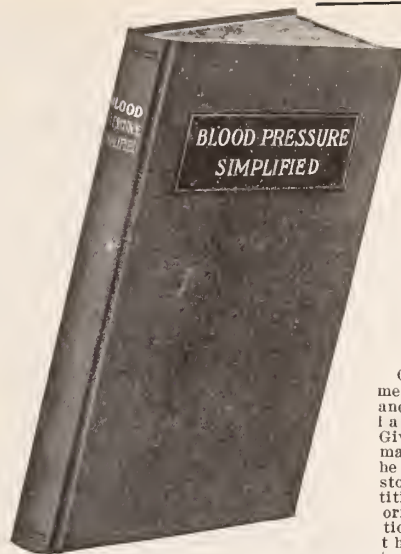
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Compiled by our medical department and incorporating latest research. Gives facts in a manner that will be readily understood by the practitioner. Contains original illustrations explaining the physiology, technique and aus-

cultatory phenomena. A chapter devoted to detecting irregularities by means of the sphygmomanometer offers a new method of diagnosis for the observing physician.

In this book the present knowledge of pressure is condensed, the main facts readily accessible without extensive use of time.

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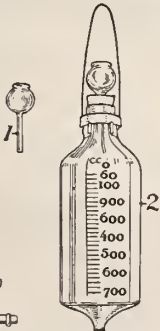
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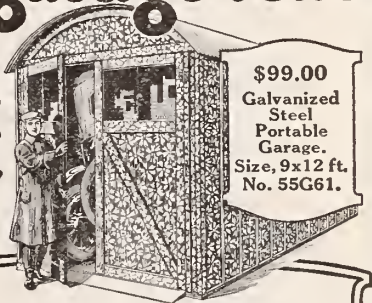
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Our ready
made garages
are easy to
set up. The
only tools you
need are a
wrench and
a screwdriver

Dr. Rowland left this city to take up practice in Alliance May 1.

Tiffin—Dr. William H. Stover, aged 78, for more than 40 years a well known local physician and surgeon, died at his home in Walkerville, Michigan, April 27, after an illness of three years.

Columbus—The Nature's Creation Company was fined \$100 and costs recently for violation of the pure food and drugs act. The company was convicted of misbranding its product by labeling it a remedy for tuberculosis.

Tiffin—Dr. A. M. Martin of Washington, D. C., a former resident of Seneca County, celebrated his eighty-seventh birthday at the Shawhan Hotel, this city, April 29. Dr. Martin is the father of Dr. Franz S. Martin of Napoleon.

Eaton—Dr. J. C. Ryder has resigned from the local draft board and gone west temporarily for the benefit of his health. Dr. Ryder recently underwent an operation for the removal of his tonsils in a Dayton hospital.

Dayton—Dr. W. M. Smalley has been appointed physician and sanitary officer for the Miami conservancy district. It will be his duty to attend all cases of accident and supervise health conditions affecting the conservancy construction camps.

Columbus—Dr. J. M. Withrow, president of

the Cincinnati board of education, chairman of the Hamilton County draft board and former member of the state board of health, made the principal address at a meeting of the local Rotary Club, May 7.

Columbus—"Treatment and Prognosis of Locomotor Ataxia" was the subject of a very interesting paper by Dr. Clyde L. Cummer, syphilographer to Lakeside Hospital, Cleveland, before members of the General Practitioners' Medical Society here May 9.

Cincinnati—On May 1-2 the local Research Society had as its guest Professor F. G. Novy of the University of Michigan. Dr. Novy addressed the society on "Blood Changes and Anaphylaxis," and "Blood Parasites, with Special Reference to Trypanosomes, Spirochetes and Leishmania."

Massillon—"Thirty-four Years with the Insane" was the subject of an address delivered by Dr. H. C. Eyman before a meeting of the managing officers of state institutions held at Massillon State Hospital, May 2. Dr. O. O. Fordyce of Athens discussed "Changes in Methods of Treatment and Management." J. W. Jones, superintendent of the State School for the Deaf, and Warden Thomas of Columbus Penitentiary also addressed the meeting.

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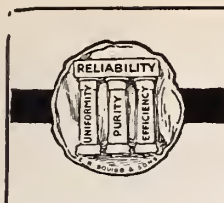
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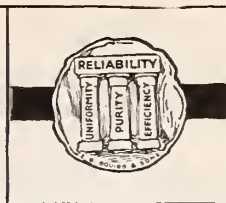


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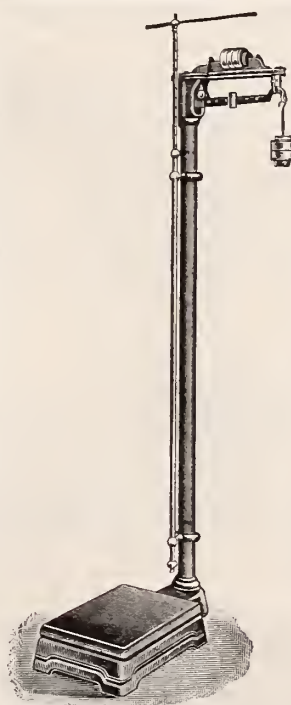
We have the correct outfit. Particularly we would emphasize that we have the correct rubber tubing which is made specially for us.

Refer to Dr. Sherman's article, *Surgery, Gynecology and Obstetrics*, March, 1917, on the Carrel Method of Wound Sterilization.

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Special Cash Price **\$24**

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As a Measure of Self Protection Please Note Carefully This New Ruling on Workmen's Compensation Cases

Physicians of Ohio who have dealings with the Industrial Commission must take cognizance of a ruling that has been adopted by the Commission which affects those complicated cases wherein compensation for medical, hospital and nursing attention is likely to exceed \$200.00. In recent issues of *The Journal* we have frequently called attention to this procedure, but cases are being reported constantly which indicate that many physicians are paying absolutely no attention.

In order to give these men another chance the Commission, acting on the advice of Dr. Thurman R. Fletcher, the chief examiner, has, in effect, rescinded the prior action taken, to be effective November 15, and has re-enacted the resolution to be effective May 15, 1918. This was done solely to make it possible to straighten out tangles with a large number of physicians who had failed to take note of the previous resolution, and who, had the Commission been arbitrary, would have sacrificed their fees in such cases.

This month the Commission has mailed copies of the new resolution with an explanatory letter to every physician in the state. The medical department announces positively that if the outlined procedure is not observed in the future the physician will have to take the consequences. The resolution is as follows

"In unusual cases wherein the sum of \$200.00 is not sufficient to pay the cost of medical, nurse and hospital services and medicines, before any additional sum therefor shall be disbursed from the state insurance fund, it shall be clearly shown to the Industrial Commission that such additional medical, nurse and hospital services and medicines are necessary, together with the probable cost thereof, and no expense on account thereof shall be incurred unless the same is first authorized by said Commission."

This action means, in effect, that where you are attending a workmen's compensation case which, in your opinion, will require long continued care, it is necessary for you to protect your own interests by filing with the medical department of the Industrial Commission immediately a statement of the case, together with an estimate of the probable duration of the treatment and the probable cost of medical, hospital and nursing attention in connection with that case. The Commission has prepared special blanks (Form C-131) for this report and has mailed one to each physician in Ohio. Others may be secured from the Commission or by writing Executive Secretary Sheridan at the Columbus office. When this report is filed with the Commission it will act in advance on this case. In other words, it will authorize you, as attending physician, to proceed with the care of this patient regardless of the two hundred dollar limitation, which the law fixes as the maximum that may be paid in any normal case for complete medical, hospital and nursing attention.

When this report is not filed in advance and you are not authorized to proceed and to incur the extra expense, the Commission will not pay in excess of \$200.00 in any given case.

The new action taken by the Commission, setting forth the date to May 15, will make it possible to settle many cases that have accumulated in the past several months, but we are inclined to believe that the Commission will not be lenient in dealing with future cases in which this ruling has been ignored. We hereby suggest that the secretaries of county medical societies bring this matter for discussion at meetings, so that this ruling may be given full publicity within the profession.

Small Advertisements of Interest

For Sale—Office and residence combined; location in northwestern Ohio; village and country practice; good roads; rich farming community; one competitor; nearest town six miles; railroad center; good business. A bargain if sold at once. I have a commission in the Army and must report ere long for duty. Will take part cash and mortgage for balance. Address Dr. O., care *Ohio State Medical Journal*.

For Sale—Modern residence and office of a late deceased physician with large general practice; in same place 20 years. On principal street, good neighborhood, manufacturing locality. Furnace heated, gas, electrically lighted, good garage, beautiful lawn and shrubbery. One of best locations in Columbus. Office fixtures, large library, book cases, rolltop desk, chairs and cabinet for sale at once. For information write E. J., care *The Journal*.

Location for Physician—Through sudden death of prominent physician and surgeon, in city of 28,000, his practice and office equipment is offered at sacrifice. Will rent office rooms if desired. Doing \$10,000 per year business. Address Mrs. H., care of *The Journal*.

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For Sale—Splendid opportunity for young physician to establish himself in a city of over 200,000 population. One of the oldest practicing physicians, in point of service, will retire, and offers for sale modern 12-room residence, with garage, in finest resident portion of city. For further particulars address W, care of *The Ohio State Medical Journal*.

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Valuable Data on Health Insurance

Through arrangements that have been made in Washington by John A. Lapp, Director of Investigations, the Ohio Health and Old Age Insurance Commission will have the aid of the United States Bureau of Labor Statistics in securing information as to present voluntary health insurance systems. From this mass of data which is being collected, the Commission will be in position, though actuarial experts, to give the people of Ohio a fairly accurate estimate as to the cost of health insurance if a state system is recommended. The importance of this is in the fact that neither friends nor opponents of health insurance have ever in the past been able to tell the people what the outlay will be.

The Health Insurance Commission will have the experience of health insurance systems in this country now in operation, representing more than a million workmen, exclusive of trade union funds and mutual benefit and establishment funds in Ohio. The new arrangement will give the Commission the experience of two great mutual associations, covering one hundred thousand workmen, representative of all lines of industry. Both of these companies have their experience for twenty-five years, and one of them is already tabulated, while the other is being tabulated by Commissioner of Labor Statistics, Royal Meeker. The first pays benefits from the

third day of sickness, and the other from the first day. Both pay death benefits and for non-industrial accidents.

The establishment funds will show experience of five years' operation with men employed in all types of industry, and many of them have medical benefits. Thus, with the trade union fund experience and the other Ohio fund experiences, the Commission will have four different sources of information to check up against its own calculations.

In addition, Mr. Lapp also arranged with H. J. Harris, who is working on a special report to the Federal Children's Bureau, to secure a complete report on maternity insurance which is now being worked out in conjunction with the baby-saving campaign of the National Council of Defense.

ROTARIANS ARE BUSY

Dr. E. O. Smith as chairman of the Medical and Surgical Section of the International Rotary Clubs, is directing a campaign against venereal diseases, and in the interests of venereal prophylaxis, that will have a wide influence. The Surgeon General has asked the assistance of Rotary Clubs to aid in this popular campaign through the 800 organizations maintained in cities throughout the world. Rotarian physicians will present this matter, and in many communities public meetings will be held.

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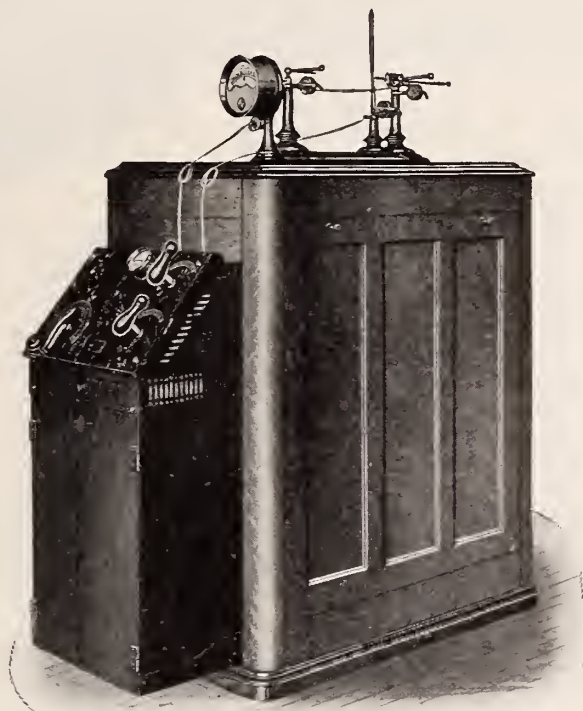
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Dr. N. P. Colwell, secretary of the Council on Medical Education of the American Medical Association, has asked the State Medical Board to proceed with a survey of the hospitals of the state to determine which institutions are qualified to furnish satisfactory intern training. Dr. Colwell points out that seven medical schools and seven state licensing boards have adopted the requirement of a fifth or intern year for graduation or licensure, and that other schools and other state boards will soon follow their example. For this reason it is necessary to learn definitely which hospitals in this state are capable of furnishing first-class internship.

The board at its last meeting referred the matter to the committee on hospitals, of which Dr. Ben R. McClellan is chairman. Dr. Colwell has asked President E. O. Smith of the Ohio State Medical Association to appoint an advisory committee to work with the state board in this matter.

Torizo Tanaka, the Jap who elaborately advertises his ability to cure the sick through chiropractic in Cleveland newspapers, and who was recently convicted of practicing medicine without a license, fined and given sixty days in the workhouse, recently applied to the State Medical Board for a license to practice under the Platt-Ellis Law. His application was denied at the last meeting. Tanaka is fighting his recent conviction and the case is now pending in the higher courts. Meanwhile, he continues his flamboyant advertising—the courts permitting him to continue doing business at the same old stand in the interim.

Dr. Franklin Stuart Temple of Ashtabula, graduate of Albany Medical College, who in 1899 was licensed to practice in this state, recently appeared in Lorain in the role of a "divine healer," advertising himself as "the human magnet." He rented a public hall and promised to cure the lame, the halt and the blind through the "laying on of hands." His advertising announcements told of the wonderful miracles he has accomplished. It took the board but a few minutes to consider his case and to vote unanimously for the revocation of his state license.

Dr. Edwin H. Pratt, Illinois, (Hahneman Medical College, 1873) has been licensed to practice in Ohio under our reciprocity arrangement with Illinois. He has located in Cleveland. Dr. A. S. Wolfe of St. Louis, has been licensed through reciprocity to practice in Ohio. He likewise has located in Cleveland.



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Yeast Treatment

POSITIVE results were obtained by yeast treatment in sixty-six out of seventy-six cases of various disorders—in a scientific investigation into the value of yeast in disease.

This investigation was made by Philip B. Hawk, Ph. D., Professor of Physiological Chemistry of Jefferson Medical College, and associated physicians, and was reported in The Journal of the American Medical Association for October 13, 1917.

To physicians, interested in yeast as a therapeutic agent, it is important to note, in the report of this investigation, that the yeast used was not an unusual or special preparation, or one difficult to procure; but the familiar FLEISCHMANN'S COMPRESSED YEAST—the identical yeast used by bakers and housewives in making bread, and obtainable from virtually every grocer.

“Our study,” says the report, “constitutes the most comprehensive and carefully controlled series of tests thus far made in this country * * * * .”

“We have,” the report continues, “shown Fleischmann's Yeast to be useful in the treatment of furunculosis, acne vulgaris, acne rosacea, folliculitis, urethritis, bronchitis, conjunctivitis, swollen glands, constipation, gastro-intestinal catarrh, erythema and urticaria, and occasionally in psoriasis, a disease which is commonly classed as incurable.

A reprint is being issued for physicians, of this “Report on an Investigation into the Therapeutic Value of Compressed Yeast,” with added matter on the production of the yeast. If not received by you, a copy may be had upon request.

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UNDER THE DIRECTION OF THE PUBLICATION COMMITTEE

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"The Surgeon General Wants Every Physician under 55 who is Physically Fit

Standing erectly in his military uniform and speaking with the full authority of the Medical Section, Council of National Defense, of which he is the directing head and guiding genius, Dr. Franklin Martin on May 6, in addressing a large meeting of southwestern Ohio physicians, assembled in Hughes High School, Cincinnati, issued the clarion call to service for which many of his auditors had been waiting.

It was very impressive—coming as it did after distinguished medical representatives of our Allies had told of the great need for men on the Western Front and of the wonderful sacrifices that have been made by the physicians of France and of the great British Empire. Dr. Martin's words were simple and direct.

"You men here in the middle west, since the day war was declared, have been writing me constantly. Almost without exception you have assured me and have assured the Surgeon General that you will enroll as soon as you are really needed."

Dr. Martin paused to give the next sentence its full effect.

"That time has come. Now, from this minute forward, the Surgeon General wants every man under 55 years of age who is physically fit, to enroll in the Medical Officers Reserve Corps."

His message shot home. It was a solemn occasion. Many of his auditors for months have been wrestling with the problem of enlistment. Many had awaited this direct word. The effect was apparent afterward in the lobby outside the meeting. It has been apparent ever since in the applications that have been forwarded to Washington from Ohio in a steady stream.

The Ohio Profession is Responding Splendidly

By the time this JOURNAL reaches you it is hoped that at least 500 Ohio physicians will have been added to the ranks of the Medical Officers Reserve Corps as Ohio's portion of the 5000 men needed by the Surgeon General before July 1. It should be clearly understood that this does not discharge our obligation to the nation, by any means. It was necessary for us to secure 500 new enlistments in Ohio between May 1 and July 1 in order to "catch up with the parade." Ohio, for various reasons, has not taken her usual commanding position among her sister states in the matter of recruiting military physicians. When the Surgeon General's figures were available on May 1 it was found that Ohio was almost at the tail end of the procession. It was necessary for us, therefore, to assume a larger quota than other states in order to do our just part.

It is impossible at this time, of course, to make even an accurate estimate of

the number who have entered service during this campaign. However, at the state headquarters of the Council of Defense, Medical Section—which are the state headquarters of the Ohio State Medical Association—scattered reports from the various counties indicate that the call has met with a magnificent response. Recently large recruiting meetings have been held in Dayton, Lima, Cincinnati, Toledo, Cleveland and other points, and each has been followed by a steady stream of enlistments.

The Status of Every Man is Being Checked

The State Council of Defense, Medical Section, under the chairmanship of Dr. C. A. Hamann of Cleveland, has mapped out and is now working on the development of a comprehensive campaign that will continue until the close of the war. For this purpose it is building up a permanent state-wide organization, with representatives in practically every community, which will be equipped to deal adequately and fairly with the problem of medical mobilization and the collateral problems of civilian medical relief. As outlined in another article in this issue, the Council has appointed a confidential advisory committeeman in every county in the state. A very careful effort has been made to select for this position a man of the highest integrity, one who has the complete confidence of his colleagues, and who, by reason of age or physical condition, is absolutely prevented from entering active military service. So far as the state committee is concerned, these appointments are closely guarded so that the local committeemen will not be forced to bear the brunt of criticism that may, and undoubtedly will, develop when he is called upon to make decisions regarding the status of his colleagues.

Through these county committeemen the State Council is developing in the office of Executive Secretary Sheridan in Columbus, a card index file that eventually will show the status—physical, professional and financial—of every physician in Ohio. Many agencies are co-operating in securing this information and in another month it will be fairly complete.

By means of this assembled information the state committee, with the constant co-operation of its local advisors, will be able to tell, with a fair degree of accuracy, which physicians in Ohio are deliberately assuming the role of slacker. While the committee has made no definite announcement on this point, it is understood that in Washington a very definite plan is being developed to bring to these men a realization of their responsibilities.

The Need is Great! The Whole World Needs Physicians!

Consider the situation. Even if the Surgeon General is successful in securing the 5000 men needed by July 1—of which Ohio must furnish 500—it will still be necessary for him to secure 2000 additional physicians before January 1 in order to meet the normal need. During this period the Navy must have at least a thousand new men. No one can estimate the exact needs of Britain and France. The British medical officers now in this country inform us that Britain immediately needs at least 2000 American doctors, and it is probable that France will require a like number. In addition to all this, nearly 2000 younger men are needed to complete the authorized strength of the regular Medical Corps of the Army. All of this represents needs based on the present outlook. If the situation abroad takes a more sinister turn, as it may, it will be necessary for Uncle Sam to raise and send over largely augmented armies. This will require an augmented Medical Corps in direct proportion.

It was on the basis of these facts that Dr. Martin issued the call "The time has come."

What About the Medical Man of Draft Age?

During the past month the State Council of Defense has made a particular drive to secure the enrollment in the Medical Officers Reserve Corps of every physician in the state of draft age who is not physically disqualified, regardless of any civil exemptions that may have been issued by the local draft boards. An official statement issued by the committee and given wide publicity in the public press speaks for itself on this point:

"The Medical Section of the State Council of Defense which is directing the important work of medical recruiting in Ohio hereby makes a direct and urgent appeal for enlistment in the Medical Corps of the Army or Navy to all physicians of the state who are of draft age.

"There are a number of young physicians in Ohio who have secured deferred

classification under the civil draft by reason of dependency. The state committee is investigating a number of these cases and finds that claims for exemption on dependency grounds are entirely unfounded in several instances, in view of the fact that the doctor who is admitted to the Medical Reserve Corps of the Army is immediately commissioned and receives a salary of at least \$2000 per year. In addition, under the new law, if he is a married man he receives either quarters or a commutation allowance of \$432.00 per year; if he goes into foreign service his salary is increased 10 per cent., and he is permitted to carry large life insurance at low cost.

"Dependency regulations under the civil draft are predicated upon the fact that the drafted man enters the Army as a private and his situation is viewed in the light of a private's salary. This certainly should not apply to or be used as an excuse by any man to whom a commission is immediately offered.

"The need for physicians in the Army and Navy is acute. England and France practically have exhausted their available supply. We must not only supply medical officers in sufficient numbers to protect our boys, but we must help our Allies. Furthermore, younger physicians are needed. This is additional reason why Ohio physicians of draft age should respond immediately without further urging.

"This public statement is issued in order to advise the citizens of Ohio of the exact situation in regard to physicians of draft age who are hiding behind civil dependency claims in order to escape service. It should be clearly understood that many of these younger physicians have real grounds for such claims, **but many have not, and now while the country is in great need of their services the physician who deliberately hides behind an unfair claim must brand himself as a slacker of a particularly vicious sort.**"

Soon There Will be Only Two Classes

It is felt that the medical situation in Ohio will be materially clarified by the action of the State Council in proceeding with the organization of the new Volunteer Medical Corps—which is being organized to include in its membership all physicians who would be eligible for military service were it not for age, physical disability, civilian or institutional need.

As outlined in another article in this issue, the state committee has appointed a sub-committee to proceed with the organization of this corps. THE JOURNAL can state authoritatively that the utmost care will be exercised in admitting physicians to membership.

Why? The answer is perfectly simple. The development of the Volunteer Medical Corps, with the privilege of wearing the government insignia, will, within a very few months, draw very tightly the lines in Ohio. The public is rapidly becoming familiar with the great need for medical officers. As our participation in the war increases and as the casualty lists grow, the relatives and friends of loved ones "over there" who know the importance of the doctor's part, will look with increasing bitterness upon those physicians who refuse to answer this call.

The public knows that many physicians are absolutely prevented from entering military service. The public knows that certain men are essential to meet civilian needs, to maintain the medical teaching forces and to keep up our home institutions, particularly in those communities where industry is so essential to the progress of the war.

In Which Class Will You Appear?

When the public learns that the government, through the Volunteer Medical Corps, is extending definite recognition to those whom it finds to be essential to home needs, it will scrutinize sharply those men who remain at home and who have not secured such recognition. In other words, there will be a distinct division of the whole profession. On the one hand will stand patriot physicians who have made the sacrifice and who are in uniform. On the other will stand the physicians wearing the insignia of the Volunteer Medical Corps, and the public will know that the government has definitely decided that these men must stay at home. Will it not be an embarrassing and serious situation when these lines are drawn for the physician who fails to appear in either class?

The Journal is making a serious attempt to keep the physicians of Ohio fully advised as to developments affecting the military status of physicians; and to keep the profession advised as to the response by the Ohio profession. In this number additional information concerning the medical activities of Ohio doctors appears on page 433.

The Night Pay Clinic: Its Development at Lakeside Hospital

A. R. Warner, M. D., Cleveland, Ohio

EDITOR'S NOTE—*The development of the Night Pay Clinic in Cleveland has caused criticism, by those who feel that it is an unfair encroachment on the field of private practice; and commendation by those who see in the extension of this plan a method by which better medical service may be extended to a larger number of people. In this article, presented by the Superintendent who has been responsible for the development of the clinic, he argues that it not only provides better medical attention for the so-called middle class, but that it is a good thing, economically, for the profession. This is a potent subject in these war-times, and Dr. Warner's article is worthy of careful consideration.*

THE Night Pay Clinic is a dispensary, as we ordinarily understand the term, run evenings instead of in the day time and "pay" in the sense that the patients contribute fees large enough to provide compensation for all the physicians and other employees, as well as all expense of the clinic.

The first Night Pay Clinic was started in Boston Dispensary in 1913. The eye department was the first department in operation, but other departments were soon added. The second was started by the Brooklyn Hospital, Brooklyn, N. Y., in 1915 and one in Chicago in 1916. The one at Lakeside (1917) was the fourth in this country.

The Lakeside clinic opened in January, 1917, with two departments: the genito-urinary and skin-syphilis. The attendance at these clinics rapidly increased, demonstrating the need in Cleveland for some such institution. The fact that the clinic would run behind for a time was certain. Four of our trustees, (Mr. Dalton, Mr. Bourne, Mr. Bingham and Mr. Burke), agreed to meet the deficit of the first year. By the end of the year the clinic was practically on a paying basis, but with an accumulated deficit of something over \$800.00.

In January, 1918, a surgical department was added. Lakeside has a fairly large accident ward service and many of these cases are working men who desire to have the hospital complete the treatment of the accident ward. We had found that all the industrial firms were annoyed by the fact that accident cases, which were placed in our wards, as soon as they became ambulatory were discharged from the hospital and compelled to secure medical attention elsewhere. It seemed to them a more logical procedure for the hospital in some department to complete ambulatory treatments. There are also other patients both from the hospital and accident wards, who desire the hospital to complete the treatment started, but the financial condition of many of these patients would not warrant their admission to our day dispensary. The growth of the clinic this spring has been extremely rapid. It is now again on a paying basis and we are in the process of the establishment of an eye department. This department will be made up of a fully competent eye specialist, a high grade optician to measure

frames, check the glasses received with the orders, and nursing service to administer the drops, etc.

The fees charged have been 50 cents for each visit, with extra charges for medicine and supplies furnished. These extra charges vary from 25 cents for simple prescriptions to five dollars for salvarsan injections. Competent practicing physicians were secured to take charge of the clinics and are paid five dollars for two hours' work. The necessary clerk, orderly, nurses and some service by house physicians is compensated for at proper fees. An allowance is paid the hospital for heat, light, stationery and other routine articles.

One cannot properly appreciate what the Night Pay Clinic means to the community until one has talked to the patients. There is a certain proportion of illness of the working man and his family which is acute and requires attention by a physician in the home. In this field the Night Clinic can never enter. There is, however, a large part of the medical treatments required, which is essentially ambulatory. This part is mostly in the specialties. It is most difficult for the working man to secure this treatment, because it belongs in the specialties and the man's family physician cannot wisely serve him. It is also the most expensive treatment which he is called upon to provide for himself and his family. As a result of these facts, nearly all of the needed treatment is either never secured at all, or secured at some free dispensary. The greater part of the rest remains indefinitely on the books of some specialist whose routine schedule of prices was too much for the patient to pay. None of the three above mentioned ways—going without treatment, taking charity, beating the specialist out of his bill—are satisfactory to the average working man. Therefore, when a man, needing treatment, realizes that this can be had from a competent specialist at a price which he has the means to pay and that his payments aggregated with others provides proper compensation to the physicians and other attendants, the satisfaction with the situation shown is often amusing, sometimes pathetic. The average working man does not care to take charity and is especially happy when able to properly provide for himself and family. Patients of the Night

Clinic express more gratitude and appreciation than those of the hospital and day dispensary combined, although their number is less than one-tenth as many.

It has been interesting to note the attitude of the physicians. The type of men selected were not those desirous of patients for practice or experience; they were young men grounded in their respective specialties and actual cash receipts was the most acceptable basis for increasing their routine work. Five dollars for two hours' regular evening work was attractive to them and they accepted the positions.

The equipment for the work is exactly that required for a day dispensary with this one distinction: in the evening clinic it is better to treat all patients as private patients, that is, to provide an inner or private office in which the physician receives all patients in privacy, in exactly the way that patients consult a private doctor in his office.

The Pay Clinic seems especially well adapted to the small hospital, especially in mill towns and sections of the cities surrounded by working men's homes. A hospital always has either a small dispensary, emergency treatment rooms, or space which can be utilized in this way. A hospital always has equipment far exceeding that available in a private doctor's office. The organization and management of a clinic is simple. The point which usually looms as the big objection does not actually exist. This point is the objection to competition with the practicing physician. Work which requires the presence of the family physician in the home at any stage of the disease is not undertaken. The work of the clinic is entirely special, work which the general practitioner cannot wisely attempt. Competition, if there be such, must be with specialists. There is no occasion to argue the obligation of the working man to pay the average specialist's fees. It simply cannot be done by the most frugal and industrious of the working people. Specialists will do a certain amount of work for the laboring class at nominal prices, but it is to them a contribution to charity. A specialist's office hours are usually in the day time and usually in working hours, making the loss of working time necessary, and often the man will call when the office is filled with better paying patients. This is always unfortunate. The practice of the specialist among the laboring class is on the whole unsatisfactory, both to the specialist and to the people. There will not be an excess of those willing to give evening hours to their work. To some five dollars clear profit, without expense of any kind, seems better than office hours, but the majority of specialists are not available for evening work.

Much is now said about organized practice of medicine versus the individualistic type. It is usually assumed that physicians as a whole are essentially of the individualistic type and opposed to organization. This is not true today and there

are doubts if it were ever true. The development of apparatus and equipment and the general type of work now required for the proper practice of medicine has placed undue burden on the medical profession. The cost of medical service to the medical profession has increased more than the ability of the people to pay for such services. It has become too expensive for each physician to maintain the equipment now actually required in the practice of medicine and to earn a fitting return for this expense and compensation for his preparation and training. It can be done if the fees are sufficiently high, but all kinds of work cannot be done on fees which the working man can pay. It is generally admitted that, on the average, half a doctor's income is required for the necessary expense of equipment, office, automobile, etc. If a physician should work for seven hours a day, at the rate paid in the Night Pay Clinic of five dollars for two hours, the entire payment in a year would amount to \$5,250, which would thereby be equivalent to a \$10,500 cash practice. How many physicians collect \$10,500 a year, or better, on seven hours a day work? No one in private individualistic practice ever did it on fees the laboring class can pay. Yet it can be done easily by organized practice. Some claim that the organized practice of medicine would result in a surplus of physicians. This is not true because nearly all of the work done by the Night Pay Clinics, which is a fair example of the organized practice of medicine, is work which is (1) either not now done at all, or (2) does not now produce any revenue for the medical profession (free dispensary work) or (3) does not now produce enough revenue to pay the cost (present part pay and mostly uncollected work of the specialists). The average net income of physicians in any form of organized practice would be markedly greater than it is today. The medical profession of England was at first somewhat skeptical about the panel system for their compensation in state insurance, but it is now established that these physicians are getting more money for their services than they have ever received before. There will be a few physicians hopelessly incompetent, whom no organization will accept under any conditions. The elimination of these few is a proper health measure which cannot be opposed by physicians themselves.

The exigencies of war may in the near future compel the establishment in many communities of organized practice of medicine to provide medical care not only for the working man, but all the civil population. The large numbers of the medical profession now in the army have created a situation wherein every physician is more than busy. Any way which will make it possible for the medical profession to properly treat larger numbers in less time should be given careful consideration and would be welcomed by the majority of the medical profession. The beginning of this may well be the establishment of Night Pay Clinic, especially in industrial centers.

The Use of Nitrous-Oxid in the Production of Painless Childbirth*

Moses Salzer, M., D., Cincinnati, Ohio

OF the various means at our disposal for the production of painless childbirth, nitrous-oxid stands alone in that it is without danger to both mother and child, it can be used at any stage of labor, its use can be kept up practically indefinitely, it does not retard labor, in fact, it seems to accelerate it, and unlike hypodermic medication, its effects are under absolute control at all times. It does not give us blue babies nor maniacal mothers. There are no after effects of any kind to be feared.

Why is it then that this agent is not more frequently used? One reason for this condition of affairs may lie in the fact that the number of detailed case reports in the literature are few. I am therefore reporting at length several cases. Another reason may be, that through the literature alone the obstetrician cannot familiarize himself with the necessary appliances and their uses. Furthermore, the use of nitrous-oxid in obstetrics may be thought to be attended with the same danger, difficulties of administration and expense, as in general surgery; but such is not the case. Insensitiveness to pain, and that alone, is the prime object of its use in obstetrics, while in surgery more or less relaxation must be obtained. It is this endeavor to produce satisfactory relaxation that taxes the skill of the anesthetist, is attended with danger, and on account of the large quantities of gas and oxygen used, makes it an expensive anesthetic.

TECHNIQUE

The technique of administration is simple and is fundamentally the same in all types of apparatus used. Give enough nitrous-oxid to relieve the pain and enough air or oxygen to prevent cyanosis.

In the early stages of labor when the pains are several minutes apart and the patient is comfortable between pains, it is necessary to give only a few breaths of nitrous-oxid at the beginning of each pain, just enough to ease the pain without causing loss of consciousness. I do not find it necessary nor desirable at this stage to use either air or oxygen in connection with the gas. A few pains will quickly determine just how much gas to use. I prefer to have the patient hold the mask herself, as it gives her something to do and, besides, if she should lose consciousness, she will either drop or displace the mask, so that she will then breathe air and recover consciousness. In event that the patient will not hold the mask any one present can hold it for her.

A mask which covers both mouth and nose has,

in my experience, proved more satisfactory than a nasal inhaler, as some women cannot, or will not, keep their mouths shut and will as a consequence breathe too much air and too little gas for satisfactory results.

When the end of labor approaches and the pains begin to pile up, as it were, and, especially as the head passes over the perineum, it then becomes necessary to administer the nitrous-oxid more or less continuously, and, of course, air or pure oxygen must be added in sufficient quantity to prevent cyanosis and consequent asphyxia. I am purposely avoiding any mention as to the percentage of air or oxygen that must be added, as I feel that some of the accidents in major surgery due to nitrous-oxid anesthesia have occurred because the anesthetist paid more attention to the gauges on the machine than to the patient. I therefore repeat: Use enough air or oxygen in connection with the gas to prevent cyanosis. I should like to emphasize the fact that cyanosis is never due to too much nitrous-oxid, but is due to the exclusion of oxygen.

In the majority of normal cases the use of air in connection with the gas will be all that is necessary, but more uniformly successful results will be obtained if oxygen is used. If the case is a complicated one and deep anesthesia is required, it will be absolutely necessary to use oxygen to prevent cyanosis. In one case, however, an occipito-posterior case, the obstetrician was able to do a manual rotation of the head, and although nitrous-oxid and air was used, the woman suffered no pain. The patient was a primipara and the whole hand was introduced into the vagina.

It is not desired, nor is it necessary, as a rule, especially in the early stages, to have the patient lose consciousness, although momentary loss of consciousness does no harm and is very often welcomed by the patient. Nitrous-oxid, laughing gas, usually tends to put the woman in a happy frame of mind and she will sometimes laugh and joke when, without gas, she would be suffering untold agonies. She will also sometimes become very talkative and say things perhaps which had better be left unsaid. The patient always awakens at the end of the confinement, however, mentally clear. Of course, this method is appreciated best by those who have felt a few hard pains first and by multiparae who have their previous confinements for comparison.

The fact that the labor is not retarded is, to my mind, a distinct advantage. In one of my early cases this fact was clearly demonstrated. The woman was having very effective pains at about one minute intervals, the head was low down and was bulging the perineum, and it seemed as if five or six more pains would termin-

*Read before the Section on Obstetrics and Pediatrics, Ohio State Medical Association, in annual session at Springfield, May 15, 1917.

ate labor. Just at this time the gas gave out and chloroform, the only anesthetic available, was substituted. Almost immediately the interval between the pains was lengthened to five minutes, the pains became weak by comparison and it took another hour before the head was born.

The report of the following typical cases will give perhaps a better idea of the technique and its results. The first case which I wish to report is one in which Dr. Goldenberg of the Jewish Hospital assisted me in the administration of the nitrous-oxid. The following notes should be credited to him:

Case of Dr. S. Rothenberg, Mrs. B. S., aged 21 years, primipara. She was a very small woman and had a slightly contracted pelvis, and was in the beginning of the eighth month of pregnancy. Had labor not come on spontaneously at this time Dr. Rothenberg would have taken steps in that direction. It was an occipito-posterior position. Labor began Thursday night and the pains were very slight and far apart until Friday noon, when the administration of gas was started. The os was then about the size of a fifty cent piece and the pains were about eight minutes apart and of about 45 to 60 seconds duration. The patient took four or five whiffs of gas at the beginning of each pain, and this was sufficient to produce complete analgesia but not unconsciousness. This was kept up until 3:15 p. m., or three hours, with perfect satisfaction.

The patient then desired to walk around and did so for one hour, during which time the administration was discontinued. After the patient's return to bed, the administration was started again and kept up until 5:30, when she again got up and walked about. During this time the membranes ruptured while the patient was on the commode. The administration was started again at 6:30 and was continued without interruption until the end of labor at 8:30. During these last two hours the gas was given at the beginning of each pain until the head began to pass over the perineum, when the administration was continuous, the gas being mixed with air. During this time the head was rotated manually by Dr. Rothenberg and even this did not cause pain. The perineum was not torn. The patient said that she had no pain at any time while gas was being administered. The color of the baby was good at birth.

The Guedel machine was used, consuming 52 gallons of gas costing \$1.25. The total time of administration in this case was six hours.

This cost was far below the average. In the early stages, the length of time between the pains will determine largely the cost. It has never been above \$1.50 an hour in any of my cases for the production of intermittent analgesia. When continuous analgesia or anesthesia is induced the cost may occasionally run up as high as \$3.50 an hour, especially if oxygen has been used in connection with the gas and deep anesthesia has

been produced. This figure has never been exceeded in any of my cases and only a few times has it been reached. My average cost thus far is about \$2.00 a case.¹

The following case reports will throw further light on the subject.

Mrs. F., aged 20 years (service of Dr. Rothenberg, Jewish Hospital), second pregnancy. Patient came to the hospital in labor. The os was fairly well dilated. As the pains were rather severe, the administration of nitrous-oxid was started. Pure gas was given at the beginning of each pain and three or four breaths were sufficient to alleviate all painful sensations, although the bearing down effort was increased and the time between pains was shortened. This intermittent analgesia was continued for 25 minutes. The head then began to bulge the perineum and the continuous administration of gas mixed with air was instituted for 20 minutes until the head was born. The patient's color was good and during this time she responded to questions, but afterwards said that she remembered nothing of what had happened during this period of continuous administration. There was no tear. The child was of good color and breathed immediately. The McKesson apparatus was used, consuming 27 gallons of nitrous-oxid, costing 63 cents.

Mrs. H. F., aged 22 years, primipara, case of Dr. R. R. Wilkinson. Labor started at 11:00 p. m. About 2:30 a. m., the pains becoming unpleasant, the administration of pure gas at the beginning of each pain was started. The pain was completely relieved without the loss of consciousness. The os was about the size of a dollar. Almost immediately after the nitrous-oxid was started the pains became accelerated and the bearing down effort of the patient increased. Within an hour the head started to pass over the perineum, and continuous administration with oxygen was necessary for 20 minutes until the head was born. There was no tear. The baby was of good color and cried immediately. The position was a left occipito-anterior. The Heidbrink machine was used. The cost of gas and oxygen consumed was \$2.00.

Mrs. D. R., aged 25 years, second pregnancy, case of Dr. S. Rothenberg. As I was called before the obstetrician in this case I am unable to state the condition of the os. Labor started at 2:00 a. m., but the patient did not desire any relief from the pain until 8:00 a. m., when the administration of pure nitrous-oxid was started, a few whiffs being given at the beginning of each pain with complete success. No painful sensations were experienced, only a bearing down feeling. This was kept up for three and one-half hours. By this time the pains were pretty close together and very severe. I then anesthetized the patient completely, mixing the gas with oxygen. Dr. Rothenberg then made an examination and finding the os completely dilated

he ruptured the membranes. The pains were then so close together and so severe that the anesthesia was continued for half an hour longer, or until the end of labor. The baby was of good color and cried immediately. There was no tear. The Heidbrink machine was used, consuming \$5.00 worth of gas and oxygen during the four hours of administration.

Mrs. G., aged 23 years, primipara, left occipito-anterior position, case of Dr. Wilkinson. Patient had had slight pains during the previous night and was given a quarter of a grain of morphia. She did not have any pains then until 12:00 m. The patient was a Christian Scientist and was very much averse to taking anything to relieve her pains. By 3:30 p. m. the pains had become so severe that she changed her religion and begged to be relieved of her suffering. I started the administration of the nitrous-oxid at 4:00 p. m. The os was slightly larger than a dollar. The patient never uttered a sound after the gas was started, stating that she was completely relieved, showing the *influence of matter over mind*.

Pure gas was used at the beginning of each pain. By 5:30 p. m. the os was completely dilated and under gas-oxygen anesthesia lasting but a moment the membranes were ruptured. Pituitrin was then given. The pains began piling up so fast that at 6:00 p. m. general anesthesia with oxygen was instituted. At 6:15 p. m. forceps were applied and the head lifted over the perineum at 6:20 p. m. There was only a very superficial tear. Baby cried immediately and was of good color. The Heidbrink machine was used, consuming 150 gallons of nitrous-oxid and 15 gallons of oxygen, costing \$3.75. Intermittent analgesia was kept up for two hours and the patient was under complete anesthesia for 40 minutes, including the time for the perineal repair.

The question which interests the obstetrician particularly, is whether he can get uniformly good results when using nitrous-oxid by himself, with ordinary non-expert assistance. There is no question but what he can get perfect results in the early stages, as he would have nothing to do then but to direct the anesthesia. As the end of labor approaches and he must take his place at the perineum, his difficulties will increase in proportion to the difficulties of the confinement. In the majority of cases he will be able to manage by himself, but every now and then his patient will not be completely relieved at the end of labor, when the head passes over the perineum, although her pains will be greatly ameliorated.

I am quite confident that I could have managed alone, many of the cases in which I was called simply to administer the nitrous-oxid, and I am making no claims as to my ability as an obstetrician.

In complicated or operative cases, it becomes necessary to call in expert assistance to produce

surgical anesthesia with gas-oxygen, unless the operator may decide to use chloroform or ether, employing the services of some one familiar with the technique of administration of these anesthetics. Even should the obstetrician decide to terminate labor under chloroform or ether, the gas, nevertheless, would have fulfilled an indication in the early stages which could not have been met in any other way.

There are many, however, who are willing to employ both an anesthetist and an obstetrician, and to these we can give perfect assurance that they will be delivered safely without suffering any pain. In fact, the best results are not going to be obtained except under these conditions.

In conclusion, I wish to emphasize: (1) That nitrous-oxid can be used for hours without fear of any immediate or remote danger to mother or child; (2) that its effects are under absolute control at all times, it can be deepened for an examination or the patient can be allowed to come completely from under its influence at a moment's notice; (3) that the mother recovers from the confinement mentally clear and with no unpleasant recollections; (4) that the babies, when born, are of good color and are never on account of the use of the gas itself, a source of anxiety; (5) that it is successful in the elimination of pain when properly administered in practically every case; (6) that it does not retard labor and cannot therefore in and of itself be a cause of uterine inertia; (7) that cyanosis must be carefully avoided and that as long as the patient's color is good no uneasiness of any kind need be felt; (8) that it is attended with some expense and some extra work, but that the expense and effort are decidedly worth while, in view of the splendid results obtained.

¹Since writing the above prices have advanced about 50%

GASTRON.—A solution of the gastric tissue juice obtained by direct extraction from the mucosa of the fresh stomach of the pig. It contains 25 per cent by weight of glycerin, 0.25 per cent absolute hydrochloric acid and 1 Cc. is capable of dissolving 200 Gm. of coagulated egg albumin. Gastron is designed for use in disorders of gastric function. Fairchild Bros. & Foster, New York, (Jour. A. M. A. Aug. 25, 1917, p. 645).

CHLORAMINE-B (CALCO).—Sodium Benzenesulphochloramine.—It contains from 13.0 to 15.0 per cent. available chlorine. The actions, uses and dosage for Chloramine-B (Calco) are claimed to be essentially similar to those given in New and Non-Official Remedies, 1917, for Chlorazene. This compound was introduced into medicine by Dakin. Its physical and chemical properties are similar to those of Chloramine-T. Manufactured by the Calco Chemical Co., Bound Brook, N. J. (Jour. A. M. A., Jan. 12, 1918, p. 91)

Perforation of Abdominal Viscera*

Elisha Hughes Chapin, M. D., Columbus, Ohio

ONE of the most serious catastrophes that may occur to an individual is perforation or rupture of an abdominal viscus. It is often impossible to locate the site of perforation, or even to ascertain the particular organ involved, before performing laparotomy. If the condition is not recognized and treated by early surgical intervention it proves fatal in apparently 95% of cases.

It is quite evident that an investigation of this subject is too vast to cover, with any satisfaction, in a short paper, so I will confine my remarks to perforations due to intrinsic or spontaneous etiological factors, and will give special attention to statistical reports and the fundamental principles involved in arriving at a diagnosis.

Let me direct your attention to the frequency of perforation with reference to particular organs:

The combined statistics of Hebershon, Fenwick, Brinton, Lebbert, and Welch indicate that from 6.6% to 28.5% of all gastric ulcers perforate. These ulcers are frequently multiple, and it is not at all uncommon for perforation to take place at the base of more than one ulcer simultaneously. The perforation involves with much greater frequency the anterior wall of the stomach in the region of the lesser curvature.

Cullin's investigation of 262 cases of duodenal ulcer revealed that 181 perforated, or 69%. The perforation occurred in every case in the first portion of the duodenum on the anterior surface.

Perforations of the stomach and duodenum are classified as acute, subacute, and chronic. The acute perforation occurs suddenly, the opening ranging in size from a pin-hole to one that would admit two fingers. Usually the stomach is distended with food or gas at the time of perforation and the contents pour out into the peritoneal cavity to be followed by a rapidly spreading peritonitis, terminating in death unless early surgical intervention is instituted. In the subacute type, Moynihan points out that the patient may be forewarned of pending rupture. He cites cases in which the patients felt a stitch in the side or stiffness of the abdominal muscles; these peculiar distresses appeared to be exaggerated or produced by leaning over or reaching up as in hanging curtains or some similar posture. Such symptoms are of no little importance and should receive recognition when occurring in a patient giving a history of gastric ulcer. In the subacute form the symptoms are never as sudden as in the acute; such a perforation occurs, undoubtedly, when the stomach is empty, the opening is unusually small, or the omentum immediately plugs the opening

preventing the escape of much stomach contents and limiting the spread of peritonitis. If the perforation occurs in the region of the pylorus or in the first portion of the duodenum, the contents are apt to be deflected by the "hillock" formed by the transverse mesocolon along the ascending portion of the colon into the right iliac region with the production of symptoms simulating appendiceal involvement. A number of cases have been reported in which the appendix was suspected and the abdomen opened, only to find that the symptoms resulted from a perforated subacute ulcer of the stomach or duodenum.

In the chronic form, the perforation occurs so gradual that the peritoneum has time to wall off the inflammatory area. As a rule this perforation occurs on the posterior surface of the stomach, and the escaping contents are spilled into the lesser peritoneal cavity terminating in perigastric abscess of which the sub-phrenic type is the most common.

Duodenal ulcers are more common in men than women and when perforation occurs it is usually of the subacute type. It is less frequent than perforations of the stomach and is more frequently accompanied by vomiting. Following a duodenal perforation there is a frequent subsidence in the acute symptoms, to be followed in a few hours by overwhelming symptoms.

Harte's and Ashhurst's statistics of 8881 cases of typhoid fever revealed that out of that number 225 cases suffered from perforation of the bowel. Osler found in 80 autopsies, where death had occurred while the patients were suffering with typhoid fever, that perforation of the bowel was the cause of death in 20 cases. As to time, perforation occurred with equal frequency in the third, fourth, and fifth weeks. The terminal three feet of the ileum opposite the mesenteric attachment is the usual seat of involvement. However, occasionally perforation occurs between the layers of the mesentery and is followed by the formation of an abscess. Perforation occurring in this region is said to be accompanied by an unexplainable pain which is referred to the end of the penis or to the perineum.

Less frequent conditions which are conducive to rupture of the bowel are ulceration, especially of the tubercular type, foreign bodies within the intestinal tract, malignant tumors and actinomycosis.

The progress of appendicitis to abscess-formation, rupture, and resulting peritonitis, is not at all uncommon in spite of the tremendous effort that has been expended to educate both the profession and laity to realize the importance of early operation.

Ochsner established a form of treatment for

* Read before the Columbus Academy of Medicine, May 6, 1918.

this much dreaded abscess for which he claims great success. However, it has proven unsatisfactory in the hands of the majority of surgeons and to date has been largely abandoned, it still being the accepted idea that cure lies in prevention by early operation: that is to say, operation within the first 48 hours from the onset of the acute symptoms. I know there has been a rapid dropping off in the prevalence of the condition and it is my opinion that, with earlier and better diagnosis, more available hospital facilities, and the suppression of the patients' fears of surgery, the condition will soon be placed in the back ground where it rightly belongs.

After making a thorough investigation of perforation or rupture of the gall bladder, I am convinced that spontaneous rupture rarely occurs even in the presence of stones associated with a decided diseased condition of the organ. Surgeons of experience extending over a period of years, are able to recall only one or two cases occurring in their practice, and literature has little to say regarding the condition. I do not deny that occasionally a gall bladder is encountered in which perforation has occurred as the result of ulceration from stone contact, the gall bladder being located in Morrison's pouch, formed by the liver, pylorus, duodenum and hepatic flexure which affords a most thorough protection to the organ, favors plastic adhesive formation and makes escape of contents almost impossible. Fistula formation is the usual termination and when perforation occurs into the abdominal cavity it is questionable in my mind whether it is not produced at the time of operation as the result of the manipulation of the abdominal viscera.

Perforation of the gall bladder associated with typhoid fever is not so rare. Keen has reported 30 cases, Erdman four cases, and Willis and Kilini one case each. The signs of gall bladder rupture, aside from those characteristic of perforation of abdominal viscera in general, consist in the appearance of jaundice associated with a rapidly increasing collection of fluid in the abdominal cavity. Ransohoff states that free bile in the peritoneal cavity giving rise to a localized jaundice of the umbilicus, is a most valuable sign.

Previous to 1883, at which time Lawson Tait performed the first operation, ruptured ectopic pregnancy was considered a pathological rarity. Hennig, in 1876, made the statement that ectopic pregnancy was so rare that the average clinician of wide experience might never see a case in a life time. Perry, the same year, collected 500 cases. Formad found 35 ectopic gestations in 3500 autopsies. Early diagnosis as advocated by Bowers, and early operation as advocated by Birmingham, who unfortunately did not live to see his operation so successfully performed by Tait, have been the fundamental factors in bring-

ing to our attention the much more frequent occurrence of ectopic gestation.

In the early stage of chronic salpingitis, before thinning of the tube takes place as the result of granular degeneration, rupture is an unusual termination and undoubtedly never occurs unless due to traumatism or to unnecessary vigor in pelvic examination. Leakage, with resulting peritonitis, is not so rare and is to be feared. As the condition advances the contents of the tube have a tendency to become sterile, and at this stage rupture is not so disastrous. Wertheim found that out of 116 cases of pyosalpinx, 72 revealed the absence of living bacteria, 32 the presence of gonococci, six streptococci, and one staphylococci.

Serous cystadenoma, known also as papillary cyst or cystadenoma invertens, is the most frequent pathological condition involving the ovary that is liable to rupture and should necessarily be taken into account in the consideration of perforations of abdominal viscera. The condition is usually bilateral and the tumor does not attain very great size. As a rule rupture occurs early and causes death of the patient by metastases to adjacent organs, provided peritonitis does not result in an early termination.

Ovarian pregnancy is yet a much doubted condition. In 1899, Craft and Tussenbrock each reported a case, Anning and Littlewood one in 1901, and Mayo Robins and Thompson one each in 1902. It is thought that a number of cases reported as hematoma of the ovary have been ectopic pregnancy of the ovary. Undoubtedly as time advances greater light will be shed upon this condition and we may come to realize that ectopic gestation of the ovary is more prevalent than was once thought.

Lorenz reported 135 cases of rupture of the spleen, 84 of which showed pathological changes of the organ involved, the victims being either pregnant, or suffering with typhoid fever, malaria, or leukorrhea. Playfair collected 20 cases in two and one-half years in the East Indies. The diagnosis is always difficult and usually made only after opening the abdomen.

The diagnosis of perforation or rupture of abdominal viscera in general depends largely upon the history of the case, shock, pain, tenderness, abdominal rigidity, temperature, pulse, vomiting and exploratory laparotomy.

It is always difficult, and in many cases is not made until after opening the abdomen. However, there is no excuse for any physician, no matter in what line of practice he is engaged not being able to realize that a disaster has occurred within the abdominal cavity. A large burden of responsibility rests upon the general practitioner who, as a rule, is the first to see these cases. The successful outcome of the cases depends largely upon the treatment rendered within the first eight hours.

The Predisposing Cause of Cancer in Women*

G. E. McCullough, M. D., Troy, Ohio

THE cancer problem, vital at every angle to humanity, has probably received more attention, study and earnest research than any one affliction of mankind, for its mention and recognition date back to the time of Hippocrates and Galen. Not limited to climate nor race, it is the great universal affliction. Hot climates, peoples of other than white races are lesser favorites in its incidence.

Facts as to its origin are limited to location and to its malignancy. Other than this, theories are deductive rather than conclusive.

Epithelial cells are its habitat. Its malignancy is shown by rapidity of growth, recurrence after removal, invasion of the lymphatic glands, diffusion by secondary deposits, the resulting cachexia and its general fatality.

The various theories as to its cause would require volumes. Even to enumerate many widely accepted theories that have sought to claim the so-called "discoveries" would lead to confusion.

In the *Lancet* of 1908, Dr. Bashford of the Laboratory of the Imperial Cancer Research writes that "we still know very little as to its etiology, beyond the fact that it manifests itself under the most divergent conditions, and in such a way that we may have to entertain the possibility of several etiological factors."

We might with ease consult upward of fifty authorities as to causation, all giving certain facts conclusive to themselves.

Predisposing causes given by the many writers include injuries, constant irritation, age, sex, situation, environment, mode of life, food, hereditary tendencies, etc.

The three basic theories as to causation are (1) embryonic, (2) parasitic, (3) biologic.

The first called "Cohneim's Theory" is that malignant tumors owe their origin to cells which are not used in the embryonic stages of body development, and that these residues or "rests" retain potential powers of growth and later, without any obvious provocation, become active and develop as tumors.

Dr. Bland Sutton says that the opinion is held by many that carcinoma will ultimately be defined as "a chronic infective disease due to a micro-parasite which selects an epithelial cell."

Objection to this theory is voiced by Dr. Roger Williams in his 1908 book "The Natural History of Cancer." He gives several reasons to show the improbability of the microbic origin of cancer, one being the great morphological difference between cancerous growth in the various parts of the body whence they originate. Again, as opposed to this microbic origin, are age and sex

incidence of the disease and the occurrence of the congenital cases.

Again referring to Dr. Williams' conclusion from many tables and statistics gathered, the facts bring out that "while the forces of growth, development and reproduction are in greatest activity, i. e. during the period of infancy, childhood and adolescence, the tendency to malignant tumors of every kind is exceedingly small. In both sexes, the disease begins to be frequent as soon as the period of perfection has been attained, i. e. after the thirty-fifth year. During middle age and the decline of life, the proclivity to it increases, until about the sixty-fifth year. The liability to malignant disease waxes as the developmental and reproductive activities wane."

Dr. Pitman of the Barnard Free Skin and Cancer Hospital of St. Louis, writing in August, 1912, on "Cancer Research," says.

"A cause for congratulation is that the majority of workers of standing have been able to come together in practical agreement on so many fundamental probabilities.

"The recognition of cancer as a universal disease of man, of most animals, and many of the lower animals is generally acknowledged.

"That cancer is a disease of the body cells characterized by abnormal growth in case of true malignancy, transplantable from animal to animal of the same kind but not to other animals.

"That chronic irritations are wide spread etiological factors.

"All accepted human and animal tumor-work has spoken against the bacterial or parasitic theories."

Dr. Willy Meyer states that in his opinion cancer is not infectious.

The two most frequent sites of cancer in women are the uterus and breast, and the etiology is just as obscure and undetermined as in any of the other locations of cancer.

However, I am here going to emphasize a conclusion that the reading of much literature and some application in my limited personal observation have induced viz: that the large causative factor of cancer in women is from inherent "toxicity." To bear out this deduction, I turn to some interesting and convincing data gathered by workers in our leading insurance companies. There is no doubt that today, outside of personal work done by members of our own profession, no one factor is exerting such an influence in educating the masses of people in health preservation and the consequent lengthening of the span of life, as the work done along this line by the insurance companies.

To Dr. Frederick L. Hoffman, I am indebted

* Read before a joint session of the Medical and Surgical Sections, Ohio State Medical Association, in annual session at Springfield, May 16, 1917.

for the following deductions found in his "Fifty Observations and Conclusions":

"Cancer is on the increase throughout the civilized world. In the United States the annual increase is approximately $2\frac{1}{2}$ per cent.

"The mortality from cancer in the United States during the year 1916 is approximately 81,000 and in 1922 the mortality will be 100,000.

"Cancer of the female breast is exceedingly common in England, but very rare in Japan.

"Apparently, there is no definite relation between cancer frequency and climate or season, but cancer is decidedly more common in northern than in southern latitudes.

"Women are distinctly more liable to cancer than men, but the excess in mortality is chiefly on account of cancer of the generative organs and the breast. Approximately, the cancer death rate of females is fifty per cent. in excess of that of males.

"Cancer is chiefly a disease of well advanced adult life and about 83 per cent. of the mortality in the United States occurs at ages of 45 or over.

"Cancer is extremely rare among primitive people. In the United States the disease is rarely met with among the native Indians and no evidence of cancer lesion has been discovered among osteological remains of the pre-Columbian inhabitants of the continent.

"Cancer is apparently more common among the well-to-do than among the poor.

"The disease is apparently more frequent among the over-nourished than among the under-fed.

"Persons over-weight, according to life insurance experience, are more liable to malignant disease than persons under-weight.

"Cancer patients, as a rule, are persons who have enjoyed good health or have never been seriously ill, and at the time of the onset of the disease were in good health.

"Cancer is more common among meat-eating races than among those who by custom limit themselves to a vegetarian diet.

"In the extensive surgical practice throughout the world, there is not a single case on record in which the operating surgeons or attending nurse has contracted the disease from a cancerous patient.

"The problem of cancer control is largely educational and scientific."

In the selection of the preceding deductions only those pertaining to the subject of this paper have been used.

To recapitulate:

Cancer is on the increase; is more prevalent in civilized peoples; selects mature years (adults); a disease of the well-to-do; not infectious nor contagious; more common among women.

The female breast and uterus as the most common sites for cancer must find explanation in that these organs are specialized in their devel-

opment, possessing in themselves a life function much shorter than the surrounding tissues, subject to a limited cycle of function, therefore, more subject to early cell death or to cell proliferation according to stimulation or irritation.

Toxicity produced in the body economy through intestinal absorption, focal infective centers, etc., has already commanded the attention of our entire profession. That woman with her burden of specialized tissue (uterus and breast) is the special victim of toxicity, goes almost without the saying. Her greater tendency to constipation, her indoor life and more sedentary habits give this consideration significance.

That all well organized tissues with full resistance to infection, their ability to meet trauma and recover, do become affected by toxic conditions is well recognized as is evidenced by articular rheumatism, endocarditis, etc. Yet we grope in the dark in looking for an explanation of breast and womb disturbances. Such highly specialized tissues it appears would, of necessity, be the ones to suffer the effects of toxicity. Cell proliferation, as a result of cell activity, is always the resultant of some reaction. When reaction is attended with availability of normal food material, the new cells produced conform to the type of the parent cell. When they follow the action of assimilable material of abnormal constituents, the new cell types are variants on the type of the parent cells. Hence, we are justified in concluding that cancer implant may occur in the female child during the pre-menstrual life, from neglected constipation and the mischievous error of ignoring bad teeth and bad tonsils, centers of focal infection.

These centers thrust their burden of toxin into lymph channels, blood is impoverished, new cell growth is disturbed and abnormality of cell arrangement is accentuated. The very forces that are active in the true cell development are held in check while the vicious cell arrangements are not throttled. Such a theory of cancer development needs no history of trauma. For you must admit that while it is quite the notion that laceration of cervixes, malposition of the uterus, bruises and injuries of the breasts are causes of cancer, yet in nulliparas and in the absence of any breast injury, large numbers of such patients do have cancer.

As long as we accept microbic, traumatic or chemic changes as essential for cancer incidences, so long do we entertain a hopeless interpretation of the cancer problem.

Face the fact that the better classes, the well-to-do, the northern people of brain efficiency are being afflicted more by the scourge, then the great attention paid to eugenics pales into insignificance by comparison, in the final results in race propagation.

There is a peculiar optimism in accepting carcinoma as a resultant of toxicity. It carries us back to first principles of living correctly; it

gives a responsibility in preventative treatment, a privilege to teach hygiene for cause.

I think it hopeful to accept the prevalence of carcinoma as a high mark or sign of the decadence and deterioration of human kind. It marks clearly the retrogression of cell life, due to too much coddling, too much of modern convenience, too easy transportation, *too much drugging*.

Such acceptance warns us to be alert, to insist on people eating less, living in the open, walking more, caring for the physical make-up rationally. Such acceptance prompts us to begin with children, little girls especially, in such hygienic training that their highly specialized tissues may be

prepared later to withstand the assaults of toxicity.

BIBLIOGRAPHY

- Bland, Sutton J. Tumors, Innocent and Malignant, Chicago, 1907.
 Williams, W. H. Vol. 1. The Study of Experimental Cancer. New York, Columbian University, 1913. (Crocker Special Research Fund.)
 Bainbridge, W. S. The Conservation of the Human Breast. International Journal Surgery, 1915 v. 21.
 Bashford, E. F. Hereditary Cancer. Lancet, Nov. 21, 1908, p. 1508.
 Coley, W. B. The Increase of Cancer. Southern Medical Journal, Nashville, May, 1910.
 Jennings, J. E. Diagnosis of Cancer of the Breast. Long Island Medical Journal, 1914, v. 8, p. 41.
 Murphy, J. B. Differential Diagnosis between Benign and Malignant Breast Tumors, Before and After Operation, etc. Surgical Clinics 1914 v. 3, p. 112-22.
 Pitzman, M. Our Cancer Research. Journal Missouri Medical Association, August, 1912, p. 46.
 Nelson, T. and Son. Encyclopaedia to date.

Certain Special Fractures*

Jay Dickey Smith, M. D., Akron, Ohio

AFTER visiting a number of surgical clinics and viewing the more or less complicated carpentry of bones and joints and studying my own cases, both operative and non-operative, I have asked myself and now put the question to you: Are we obtaining any better arms, legs and what not, by becoming joiners and making geometrical figures on the skeletal parts of our patients?

Let me ask another question: What is the ideal treatment of broken bones? Is it to work out some beautiful piece of bone techinc, or are we trying to restore function?

I have seen some uncomely legs and arms that served beautifully the purpose of the all-wise Creator until ambitious and misdirected surgery interfered. Does there not seem to be a tendency to ignore the principles of simplicity in an endeavor to improve the X-ray results of our fracture cases. Although desirable there is no material functional gain in having absolute alignment of fragments if union is satisfactory.

The reparative power of bone is amply sufficient to produce a functional result if given any degree of encouragement.

Reduction and immobilization with the reduction confirmed by X-ray after the dressings are in place, will give a surprisingly high percentage of good results and a careful study of the mechanics of fractures will, in many cases, represent a great gain to the injured person and added prestige to the surgeon.

If we understand the direction of force, the anatomic relations of muscles originating from and attaching to fragments and the direction of their pull, we are usually able to put the part in such position that union will be prompt and function restored.

True, certain fractures, because of extreme obliquity, the presence of infection, joint involve-

ment, extreme degrees of comminution, inability to obtain reduction or trauma to adjacent tissues demand operative interference, but these represent a small part of our fractures.

Fractures about the head demand operative treatment more frequently than those of any other part of the body, but the fracture per se is not the thing for which we operate; operative interference is demanded by the effects of the injury upon the structures within the bony cavity. Thus hemorrhage, pressure, infection, oedema are the results of fracture or injury or both; for injuries of the head without fracture may produce the same symptoms and require the same operation as those where the fracture is easily demonstrated.

Fractures of the head are classified as of the vault and of the base, but like many other arbitrary classifications, fractures refuse to limit themselves to our boundaries and the X-ray demonstrates that many involve both vault and base and that the seriousness of a fracture of either vault or base depends primarily upon the amount of interference of the circulation, as shown by oedema or hemorrhage and secondarily upon infection. Thus, treatment of skull injuries depends upon the nature and extent of trauma and the reaction of the brain and its meninges to the disturbance.

Many cases in which the injury is so extensive that no expectation of recovery seems possible, may by decompression, attention to hemorrhage, repeated lumbar or subarachnoid puncture be tided over the period of oedema and by careful drainage and attention to the toilet of the accessory passages be carried to a remarkable degree of normality.

Unless a case is moribund on admittance it is our patient's right to have an effort made to prevent the chief causes of death in extensive fractures of the head, viz., oedema, hemorrhage and infection, and equally his right, that in our effort

*Read before the Surgical Section, Ohio State Medical Association, in annual session at Springfield, May 14, 1917.

to prevent them, we do not take away from him any chance he may have of recovery by other than operative means.

The presence of a fracture through one or more sinuses should not deter us from opening the head but should be considered an indication for this procedure; for hemorrhage from the sinuses is, as a rule, readily controlled and no particular harm results from plugging them if necessary.

Those fractures involving the anterior and middle fossae have been the ones most frequently complicated by infection either through continuity through the sphenoidal or ethmoidal cells or from the ear, while fractures involving the middle and posterior fossae are in danger of oedema.

In fractures of the head where symptoms are mild and not progressive, or where X-ray does not show extensive involvement, cases should be treated expectantly but always in a hospital, if available, and should have as careful a toilet of the accessory sinuses as if symptoms were alarming, for many apparently slight injuries are followed in 24 to 36 hours or later by profound and dangerous symptoms of oedema or later by infection and abscess or meningitis.

While we cannot sterilize all the cavities and sinuses adjacent to the cranial cavity, gently mopping out the ear, nose and throat with mild non-irritating antiseptics will greatly reduce the bacterial danger.

Linear fractures of the vault may be present and cause no immediate trouble, but later produce symptoms of pressure. This is the class of cases in which we find traumatic epilepsy associated with a marked thickening of the dura under the line of fracture.

The X-ray in fractures of the skull has proven either of wonderful assistance or bitter disappointment, according to the expectations of the surgeon. Where the main dependence is placed on X-ray the results are bound to be unsatisfactory for the radiograph cannot show the injury to soft parts nor can it accurately depict the amount of hemorrhage, but when the X-ray is used, as lumbar puncture is used, as a means for completing and verifying the clinical symptoms, its usefulness is apparent. Clinical symptoms in fractures of the skull and spinal column are the foundations upon which we should base our indication for operation and as in nearly all other pathological conditions, the laboratory findings are largely confirmatory.

The technic of operative treatment of fractures of the skull is a matter of personal choice, but the methods used should be the familiar ones. The electrically driven instruments aid materially in conserving time in exposing the injured soft parts, but are capable of a great deal of damage if not carefully used.

The hand trephine ronguer forceps and gigli saw make a fairly satisfactory outfit for opening the skull, and contain less potentiality of

harm than the high speed mechanically driven instruments.

Fractures of the spinal column require considerable study to determine their operability for the cases are rarely seen sufficiently early to determine the completeness of paralysis of motion and sensation or the character of onset; thus operation may be performed on inoperable cases or withheld from patients who might be benefitted. Where there is sudden, complete loss of both sensation and motion we do not operate, but if the loss is gradual and progressive, it is our plan to make X-ray examinations and if considered feasible to do a laminectomy. Where fracture is complicated by dislocation great care must be used, for there is danger of doing more damage to the cord in endeavoring to correct the deformity than the original injury produced.

The handling of a patient with a broken back is often carelessly done, even in hospitals and by ambulance attendants, and the added trauma often denies the injured the full relief possible with carefulness and the maintenance of a correct position.

Where there is marked dislocation the cord rarely escapes serious injury and usually there will be either a severance of the cord or so serious a compression that function is rarely restored, yet if one out of many apparently hopeless cases can be benefitted we feel an operation is justified. In those cases where a poor history is obtained and symptoms show profound disturbance we have found lumbar puncture of some value, for a few of these show some return of sensation by the relief of pressure and we open these with some hope of benefit. The height of the injury is a factor in the prognosis and cervical and upper dorsal injuries are especially apt to be associated with unpleasant after results even where the injury is apparently not so grave. Quite extensive injuries in the lower segments may leave but little permanent disability although they may prove very inconvenient and unpleasant for a long period of time.

When fractures involve only the nerve roots, transplantation of the severed nerves to nerves above may improve the condition or if far enough out may be repaired.

Fractures of the spine or transverse processes such as occur from punctured wounds, as a rule require no operative interference unless entirely detached from the periosteum when they may act as foreign bodies and require removal. Infection is an indication for drainage in any injury.

FRACTURES OF THE PELVIS

Where fractures of the pelvis are through one plane there is usually no marked displacement of fragments and the application of a laced binder with rest in a fracture bed usually gives satisfactory results and keeps the patient fairly comfortable. While adhesive plaster is excellent at first, the skin often becomes highly irritated and

it is only a little way from irritated skin to irritated patient and an irritated patient is not a good patient for a fractured pelvis.

Where the fracture is through more than one plane as in crushing injuries, open treatment and elevation and fixation of fragments may be necessary. These may be maintained in position by transplants, wires or plates. Injury to bladder and rectum are frequent complications to crushing injuries to the pelvis and demand early appropriate treatment.

Fractures at the upper end of the femur, including the neck, can nearly always be reduced and position maintained by extension, counter extension and abduction and immobilization on a fracture bed and this method should be tried before open operation is considered.

Fractures at the lower end of the femur, especially if the line of fracture runs through the head of the bone, are difficult to keep in position without fixation by peg. Nail plate or wire, according to the need of each particular fracture and the ideas of the surgeon, for all are good if properly used and none if improperly applied.

Fractures involving the lower third of the tibia are liable to faulty union because of obliquity of the line of fracture and to non-union because

of the interposition of soft parts between the ends of the bone. In our county hospital service where we receive the cast-offs of other hospitals and doctors' practice, we have operated upon 42 cases of non-union of the lower third of the tibia and have, in a large proportion of cases, found soft tissue preventing bone contact, and it has been our experience that as soon as bony contact was obtained and maintained union took place promptly. In two cases in which union did not take place with bony contact, a course of iodid of potassium in fairly heavy doses brought about rapid improvement and good union was secured. One case was operated upon twice. The second time the ends were held in place by piano wire through a small segment of bone fragments and union secured.

In treating fractures both old and new, of the lower third of the tibia and those involving the fibula, we have been first using a single, straight, well-padded splint either external or internal according to the direction of deformity, being sure that our plaster strips do not increase the deformity by making pressure at the point of fracture, and if reduction cannot be maintained either a nail wire plate or kangaroo tendon was used. After the third week a caste is applied.

Book Reviews

THYROID AND THYMUS.—By Andre Crotti, M. D., F. A. C. S., LL. D., formerly Professor of Clinical Surgery and Associate Professor of Anatomy in the Ohio State University; Member, Society for the Study of Internal Secretions; Surgeon to Grant and Childrens Hospitals, Columbus, Ohio.

Based on seventeen years' specialization in goiter pathology and surgery in America, and in Switzerland with Professor Theodore Kocher, "The Father of Goiter Surgery," and Professor Henry Stilling. All material of value from French, English, Italian and German literature is also embodied. The practice of the world's foremost authorities on the treatment of goiter, and all diseases of the thyroid and thymus glands, is thus made available. The anatomical and surgical drawings by Marcel Guelin are as beautiful and artistic as have appeared in any medical work.

A few of the interesting subjects treated extensively are: Physiology of the thyroid, Biological chemistry; Pathology, symptomatology and diagnosis; thyroid insufficiency; Etiology of endemic goiter and cretinism; Medical treatment and indications for operation in simple goiter; Hyperthyroidism and hypothyroidism; Etiology and treatment of Graves' Disease; Indications for and against surgical treatment; Surgical technic, preoperative and postoperative treatment; Complications; Thyroidectomy; Thymectomy.

Imperial octavo, 570 pages, illustrated with 96 engravings and 33 colored plates. Half Morocco De Luxe. Lee and Feabiger, Phil., \$10.00 net.

RADIOGRAPHY AND RADIO-THERAPEUTICS. By Robert Knox, M. D. (Edin.) M. R. C. S. (Eng.), L. R. C. P. (London), Consulting Radiologist, Great Northern Central Hospital, London; Hon. Radiographer, King's College Hospital, London; Director, Electrical and Radio-therapeutic Department, Cancer Hospital, London; Captain, R. A. M. C. (T.) 4th London General Hospital (in charge of X-ray Department). Part 1 Radiography. With 78 plates (one in color) and 337 illustrations in the text. New York: The Macmillan Company. London: A. & C. Black, Ltd. 1917. Pp. 382. Price, cloth, \$9.00.

This work is the most comprehensive of any that has been written on this subject and is thoroughly modern in every way. Differing from the usual custom the writer has not cumbered the book with an exhaustive discussion of Electrophysics and obsolete apparatus. The X-ray machines, tubes, and accessories described are of the latest model and all the recent advances in apparatus are fully covered.

The discussion of bone and joint work and chest and gastro-intestinal diagnosis are full and complete with all unnecessary matter eliminated.

The localization of foreign bodies is thoroughly gone into with especial reference to the military phase and military Roentgen Ray installations which have proven practicable are described.

The press work is excellent and the cuts are exceptionally good. An interesting innovation is in the cuts of roentgenograms where both positive and negative reproductions are shown side by side.—H. J. M.

Interesting Survey of an Ohio County

The Ohio Board of Administration has published a very interesting report of a survey conducted to ascertain the extent of feeble-mindedness in a rural county of Ohio. The report was prepared by Mina A. Sessions, and is based upon a survey started in 1916 by Dr. Thomas H. Haines. The county is not named, but is located indefinitely as "situated in the hill section bordering the Ohio river in southeastern Ohio, with a population of 54,389."

The survey is very complete and covers an analysis of population in each township. The population of the county infirm and the children's home was carefully scrutinized. The net result showed that 577 persons might be definitely classed as feeble-minded under the English Royal Commission's deficiency standing—which would mean 10.6 persons to each 1,000 in the county.

A very interesting feature of the report is the scientific tracing of the descendants of a feeble-minded settler known as "Happy Hickory," who located in the county in about 1800, and was survived by 11 children. The descendants of this one individual contribute to a considerable portion of the county's present feeble-mindedness. The report points out that this fact is an indisputable argument in favor of checking the propagation of the feeble-minded. It further points out that if Ohio is to meet this problem of segregation, the state institution for feeble-minded must be made on a much more extensive scale than is at present contemplated. Some interesting conclusions are drawn by the author of the report:

1. It was estimated that 47% of the infirm population was dependent because of feeble-mindedness. Only 35% was dependent because of infirmity due to old age or illness.

2. There was proportionately five times as much feeble-mindedness among the dependent children in the Children's Home as among the public school children of the county.

3. Two district schools were found in each of which more than 40% of the children were feeble-minded.

4. The proportion of males to females among the feeble-minded was as 3 to 2.

5. The majority of the feeble-minded were descended from pioneer stock.

6. The percentage of feeble-minded at large in the rural districts was double the percentage in the urban districts.

7. Nearly half of the feeble-minded at large were being partially supported by the public.

8. Seventy-eight feeble-minded persons, or 13.5% of the total feeble-minded population of the county, belonged to one family strain which has been called the Hickory family.

9. Four other families contributed 48 feeble-

minded persons or 8.3% of the total feeble-minded population of the county.

10. Approximately 1% of the total population of the county was found to be feeble-minded. It is believed that this percentage would not apply to the whole state. Other surveys should be made of other representative parts of Ohio.

Dr. Delphey on Health Insurance

Editor, *The Journal*: I have read with a great deal of interest the paper of Dr. E. R. Hayhurst and the editorial on the subject of Compulsory Health Insurance in the May number of the *Ohio State Medical Journal*. As you may remember, I was the first and original opponent to the iniquitous scheme which had for its purpose the destruction of the individuality and the enslavement of the most altruistic profession on the face of the earth—the medical profession—and I was the first to raise my voice against it, which I did in the Section on Preventive Medicine and Public Health of the A. M. A. at the meeting at Detroit, Mich., in 1916. Soon a number of others in this city, the birthplace of the scheme, saw the light of righteousness and justice and we have so stirred up the entire medical profession of the state that the New York State Medical Society this year instructed its delegates to introduce a resolution against it in the House of Delegates of the A. M. A. and to oppose the scheme in every way possible. I notice that the Illinois State Medical Society has taken similar action and I have no doubt that others also have fallen into line.

I am very sorry that my manifold duties in selective draft work will prevent my going to Chicago, but I am satisfied that the seed sown in the past will bear an abundant harvest and that the entire organized medical profession of the United States, through its chosen representatives, will put itself squarely on record in the matter.

I shall look forward to a treat in the article in your June number, and in the meantime I am sending you some "literature" on the subject. One of my articles is a reprint from the *Journal of the A. M. A.*, and another is my contribution to the discussion on the subject at the Hotel Biltmore last year. You may already have these, as well as the articles by other writers, but I am satisfied that they will not be wasted.

Very sincerely yours,

EDEN V. DELPHEY, M. D.

New York, June 3.

WHAT! DOCTOR BAKER?

On May 8 a judgment of \$2,600 for alleged negligent treatment of a fractured leg was awarded Louis E. Shepherd, who charged malpractice against Dr. Lewis Baker of Dayton. Yes, this the good Doctor Baker who is so widely advertised by one of the camouflaged patent medicine combines operating in Dayton.

Dr. C. F. Hoover's Meetings Well Attended---Several Will Be Held During the Fall Months

The value of the tabloid post graduate course arranged by the Committee on Medical Education, which has become an increasingly important feature of our Association work, was again demonstrated during the past month. Dr. Charles F. Hoover of Cleveland, professor of Medicine in Western Reserve University, who is conducting the course this year, addressed six meetings during June—covering a total of 37 counties—at Marietta, Steubenville, Xenia, Newark, Marion and Portsmouth.

Dr. Hoover is presenting the subject, "Fundamentals of Physical Diagnosis" and by lecturing through the late afternoon and evening, has been able to cover in considerable detail the main points of this broad subject. His meetings have each been attended by from 50 to 100 physicians from surrounding territory, and many expressions received by *The Journal* indicate that the work has been profitable to the doctors who avail themselves of the privilege.

Dr. Hoover, who spent several months with the Lakeside Unit in France, was able to give additional interest to his lecture by presenting an analysis of poison gases used by the Germans, and of the improvements that have been developed by American chemists. Dr. Hoover was in France when the Germans first took up this inhuman form of warfare, and during his residence abroad came in contact with a large number of victims of phosgene and other dangerous vapors. The scientific part of Dr. Hoover's lecture covers the following general subjects:

1. *The Respiratory Excursion of the Thorax.* The analysis of the various factors which produce the excursion. Recognition of the role of each factor in the role of scaleni, intercostal muscles and the diaphragm.

2. *Heart.* The size of the heart. Its conformation. The size of the left ventricle, the right ventricle, right auricle, and the size of the aorta. The precordial impulse over various heart areas and their significance. Enlarged pericardial sac and the methods of differentiating enlarged pericardium from enlarged heart.

3. *The Arterial Pulse.* The methods of studying the volume. The rise and fall of the arterial pulse and the various methods of studying arterial pressure and their significance.

4. *Cyanosis and Air Hunger.* Analytical method of studying the relation between the two and the various sources of cyanosis and the varying sources of air hunger.

5. *Jaundice.* Its sources and interpretation.

6. *Renal Functions and the Methods of Estimating the Capacity of the Kidney.*

It is Dr. Hoover's intention as well as the purpose of the committee, to present these subjects in a manner that will be of maximum practical

value to the general practitioner and from reports received, Dr. Hoover has succeeded in this to an admirable degree.

There will be no lecturers during July and August, or during the early part of September. Dr. Hoover will resume this work in the fall. Executive Secretary Sheridan is now making arrangements for the meetings to be held in Northern Ohio during late September and October. It is tentatively planned to hold group meetings—each to include physicians from several counties—in Lima, Cedar Point, Mansfield, Chillicothe, Cincinnati, Piqua, Canton, Defiance, and Youngstown. Should any other city feel that it should be represented in this itinerary, the matter should be taken up at once with Mr. Sheridan.

MARIETTA MEETING

Amesville—J. F. Weber; Ava—F. D. Bird; Albany—E. F. Stanley; Athens—T. A. Copeland, C. C. Hill; Caldwell—R. H. Cleary, J. L. Gray; Lowell—J. W. Forshey, J. L. Mason; Lower Salem—H. P. Gillespie, A. G. Sturgiss; Marietta—R. W. Athey, C. B. Ballard, H. L. Benedict, Jacob Bohl, S. A. Cunningham, J. W. Donaldson, S. E. Edwards, C. A. Gallagher, J. Hadley, C. S. Hart, R. B. Hart, E. W. Hill, G. F. Hutchinson, G. F. Johnson, E. W. LeFever, Lillian Ludington, F. S. McGee, F. E. McKim, W. H. Metcalf, Frances C. Oaks, (R. N.), J. D. Parr, R. W. Parr, C. J. Scott, C. R. Sloan, F. E. Stoaks, A. J. Sweney, J. C. Wells, Virginia C. Wicking, R. H. Whittington; McConnellsville—C. E. Northrup; Middleport—D. B. Hartinger; Nelsonville—H. L. Hyde; J. M. Hyde, A. L. Pritchard, W. S. Rhodes, C. E. Welsh; Mrs. C. E. Welsh; New Matamoras—J. H. Martin; Newport G. H. Gale, G. T. Gale; Parkersburg, W. Va.—R. L. Brown, G. D. Jeffers, R. B. Miller, M. R. Stone, L. D. H. Wise; Pomeroy—L. F. Brush, A. E. Lawrence; Rutland—P. A. Jividen; Sistersville, West Virginia—C. V. Little; Vincent—W. A. Howard; Waterford—E. T. Hayward.

STEUBENVILLE MEETING

Barnesville—J. T. McCartney, D. T. Phillips, T. S. Rosengrant, D. O. Sheppard, J. J. Thompson, J. W. Wellons; Barton—E. C. Cope; Bellaire—J. A. Clark, J. H. Meek, P. L. Ring; Bethesda—D. M. Murphy; Bloomingdale—W. G. Lyle; Brilliant—O. Grismore; Cadiz—J. S. Campbell, H. I. Heavlin, S. B. McGavran, R. P. Rusk; Germano—W. S. Spencer; Irondale—E. H. Rea; Martins Ferry—John Johns, Carroll McGinnis, C. B. Messerly, B. Williams, R. H. Wilson; Mingo Junction—J. W. Albaugh, C. E. Gourley, Fred H. Riney; Newcomerstown—S. B. Hayes, W. R. Hosick, G. B. Kistler; New Athens—J. A. McGrew; New Philadelphia—E. B. Shanley, C. L. Tinker; Bayland—J. N. Hunter; Shadyside—E. D. Piper; Steubenville—S. O. Barkhurst, J. A. Bradley, B. F. Collins, L. R. Crammer, Theo. Dodd, J. C. M. Floyd, G. F. Gourley, A. D. Loreto, J. R. Mossgrrove, S. F. Paul, S. J. Podlewski, E. J. C. Sander, J. L. Thompson, T. W. Walker; Toronto—Ben L. Casey, H. C. Minor; Uricksville—B. G. Anderson, A. C. Dempster, J. E. Groves, Tracy Haverfield, C. H. Siegrist.

CAMP SHERMAN HOSPITAL

—In a report to the Secretary of War, Dr. Charles F. Hoover of Cleveland recently declared that he did not believe there is a hospital in Ohio equal to that at the Camp Sherman cantonment. "When one learns that, owing to the work of the Medical Corps, typhoid fever is negligible and only a few deaths have occurred from meningitis, and that diphtheria, scarlet fever, measles and pneumonia have claimed so few victims out of this large aggregation of men, living in close contact, the people of the state surely owe a great debt to the Medical Corps of the camp," said Dr. Hoover.

OHIO PUBLIC HEALTH NOTES

—A jury in Montgomery County Common Pleas Court deliberated 15 minutes before rendering a verdict in favor of Drs. A. L. Light, former Dayton health commissioner, and A. O. Peters, present health commissioner, in a \$5,000 damage suit brought against them by William V. Nicum, who charged that he had been wrongfully deprived of his liberty by quarantine regulations enforced at his home by the health department.

—The death rate in Toledo for the year ending in May was 16.57 per 1,000 inhabitants. The rate for a similar period in 1917 was 19.71. The average age of persons dying was 38.13 years.

—Edmund Kline of the Pennsylvania state department of health has been appointed associate director of Toledo University public health laboratory, in charge of bacteriological work, and has also been made associate professor in bacteriology in the university. Dr. Paul H. Holmes has been granted four months' leave of absence from the department to do research work for the United States Public Health Service.

—Miss Anna Johnson of Yellow Spring has been employed as public health nurse in Xenia, to fill the vacancy caused by the resignation of Miss Clara MacDodds.

—The Thirteenth District Nurses' Association, including registered nurses of Allen, Auglaize, Putnam, Paulding, Hardin and Van Wert Counties, held its quarterly meeting in Kenton June 10. A special effort was made to enroll nurses in the Red Cross war service.

—Communicable disease is on the decrease in Akron. According to Health Officer C. T. Nesbitt, there were 484 cases in March; 269 in April, and 210 in May. In March there were 144 cases of smallpox; in April 87, and in May 48. Scarlet fever cases numbered 44, 36 and 20 for the respective months.

—Mr. James E. Bauman, deputy state commissioner of health, represented Ohio at the annual joint conference of the United States Public Health Service with state and territorial health officers in Washington in early June.

—Following the discovery of 14 unreported cases of whooping cough in Hyde Park, Cincinnati, in May, Health Officer John H. Landis issued a statement declaring that physicians who do not report cases of contagious diseases and parents who fail to observe quarantine regulations will be prosecuted. It is said that one of the unreported cases was the child of a physician.

—The Toledo health department is taking precautions against a recurrence of last year's infantile paralysis epidemic. While there were 113 cases in the city during the year ending May

1917, only three have been discovered in the year ending May, 1918.

—The city of Cleveland will spend \$10,000 during the next year to install in its public school system instruction in the correction of defects in speech.

—The first four months of 1918 were the healthiest for Cleveland babies in the history of the city health department, the mortality rate having dropped to 7.9 per cent. According to Dr. R. A. Bolt, chief of the bureau of child welfare, there were 134 fewer deaths of infants under one year than during the same months of 1917, and the number of births increased 535, an average of nearly 150 a month.

—More than a thousand Dayton school children were the guests of the welfare department of the National Cash Register Company, May 18. There were health talks by Drs. A. O. Peters and C. W. Osburn of the city health department. Saturday morning entertainments for the children are a regular feature of the company's welfare department.

—Cincinnati was among the 14 American cities of more than 100,000 population to which the American Medical Association awarded first rank for work in typhoid fever prevention in 1917. Cleveland, Columbus and Toledo were placed in second rank, and Dayton in the third. Toledo is accredited with great improvement, the rate having been reduced from 23 to 10 deaths per 100,000 in 1917. Rates for other cities in 1917 were: Cleveland 4.1, Cincinnati 7.1, Columbus 7.6, Dayton 7.13.

—St. Mary's churches, theaters, lodges and all other public meeting places with the exception of schools were ordered closed, May 13, in an effort to check an epidemic of smallpox.

—More than 12,000 United States food administration booklets were distributed in Akron homes recently as part of an educational campaign to urge the consumption of more milk as a food.

—The April report of the Lima Visiting Nurse Association showed a total of 600 visits made.

—A campaign for funds for the Columbus Baby Camp was conducted in early May. With new conditions brought about by the war it is expected that the camp will have a larger number of charges than ever before and every effort is being made to put the buildings in shape to meet the demand.

—June 10-15 was "Anti-Rat Week" in Scioto County. Pointing out that there is a serious economic drain in the destruction by rats and mice of merchandise held for sale by dealers, the United States Department of Agriculture has expressed the hope that the movement started in Scioto County to exterminate these pests will become state-wide.

—During April there were 40 deaths and 69 births in Warren.

—Fifteen thousand dollars has been appropri-

ated by Cleveland to be used in connection with that city's work in the national campaign to save 100,000 babies. In addition to this amount the Cleveland Welfare Federation will spend \$10,000 for the distribution of certified milk.

—Toledo city council has arranged to borrow \$75,000 with which to defray the cost of the city's fight against communicable diseases.

—One Bucyrus school was closed in early May in an effort to prevent the spread of smallpox. It is reported that there were 13 cases in one home in the district.

—Fostoria was the first Ohio city to file with the state department of health a report of the number of children under six years of age who were weighed and measured during the first week of the baby-saving campaign.

—Four women, nurses in the Bureau of Community Service, were recently sworn into office as sanitary inspectors by the Portsmouth chief of police. They are empowered with police power to arrest offenders of sanitary regulations.

—Portage County citizens have filed with their county commissioners a petition requesting the employment of a health nurse who will be available for county school work.

—Federal Food Administrator Hoover has requested Ohioans to go on a meat ration of two pounds per person per week. This means an average of 4¼ ounces per day. Our Allies are now on a ration of a small fraction over a pound per week.

—Typhoid fever in the last nine years has cost Ohio nearly \$6,000,000 a year, declares the State Department of Health in an appeal to local health officials to help lower Ohio's typhoid death rate this summer. This figure represents an average between varying estimates which place the total cost for the nine-year period at from \$37,000,000 to \$60,000,000. The higher estimate, the department believes, is probably more nearly correct than the lower.

—Thirty-five cases of contagious and communicable diseases were under the care of the East Liverpool health department during May. There were nine cases of smallpox, 17 of scarlet fever, three of chickenpox and six of measles.

—For the fifth consecutive year Cleveland is conducting an organized fly-swatting campaign. Hundreds of huge wooden fly traps are being made by manual training students of the public schools for distribution in the congested districts of the city.

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He needs every physician under 55 who is physically fit. Medical men of draft age are especially urged to enter service. Soon the profession will be divided into two distinct classes — those patriotic physicians who have made the sacrifice and are in service and those upon whom the government has bestowed the right to wear the insignia of the

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Just Run through These, Doctor, and See Whether You Could Get a Passing Grade

It is always interesting to check through the questions prepared for graduates who are applicants for state licenses to practice medicine. Early in June 129 medical graduates (of whom 12 were Homeopathic and 15 were Eclectics) took the following examination in Columbus under the Ohio Board of Medical Registration:

OBSTETRICS—1. Discuss the movement of the foetal head as it passes through the pelvis in the second position (R O A). 2. Give differential diagnosis of acute appendicitis, and ruptured ectopic pregnancy. 3. Discuss the treatment of asphyxia pallida. 4. Of what value is the study of blood pressure in pregnant women? 5. Discuss the mechanism of labor in flat pelvis.—L. E. S.

EXAMINATION IN DIAGNOSIS—1. Differentiate acute pericarditis and acute pleuritis, left side. 2. Differentiate aortic from mitral insufficiency. 3. Give diagnosis of smallpox. 4. Make clinical diagnosis of stone in right kidney. 5. Describe leukemia and differentiate from Hodgkin's disease. 6. Give classical symptoms of tumor in right side of brain near fissure Rolando. 7. Describe Petit Mal. Describe Grand Mal. 8. Give clinical and laboratory aids in diagnosis of cardio-vascular disease. 9. Diagnose ulcer of stomach. 10. Describe acute lobar pneumonia.—B. R. McC.

DERMATOLOGY, SYPHILOLOGY AND DISEASES OF EYE, EAR, NOSE AND THROAT—1. What is pterygium? How would you treat it? 2. When should a mastoid operation be done? 3. Name some growths that may occur in the nasal cavity and give treatment. 4. Describe the operation of tracheotomy. 5. Define alopecia areata. How would you treat it?—S. M. S.

BACTERIOLOGY, HYGIENE AND PATHOLOGY—1. How would you make a clinical diagnosis of epidemic cerebro-spinal meningitis? Give technique of obtaining specimen, and describe the findings in a positive case. 2. In the use of what group of therapeutic measures is there danger of anaphylaxis, and how can this danger be avoided? 3. When can you release from quarantine (isolation) a child convalescent from diphtheria? From scarlet fever? From measles? From small-pox? 4. What is the method of administering the preventive inoculation for typhoid fever? 5. What is the object of medical inspection of public schools, and give several benefits to the community of such inspection? 6. What points are to be determined before the milk of a dairy is passed as acceptable for public consumption? 7. Describe the pathologic changes occurring in a tuberculosis gland of the neck. 8. What is the pathologic explanation of the cardiac changes in chronic interstitial nephritis? 9. Describe the pathology of a chronic

gastric ulcer, and give the prognostic pathologic possibilities. 10. Give the ordinary accepted proofs of death, and give signs tending to show the time of death, within 1 hour, 6 hours, 18 hours and 48 hours, respectively.—J. H. J. U.

ANATOMY—1. What causes lateral spinal curvatures, and how may these curvatures be of use to the nervous system? 2. Name the muscles connecting the arm to the shoulder. 3. State the distribution of the superior mesenteric artery. What branches are especially named, and how are they arranged? 4. Describe the boundaries of the parotid region. What is contained within these boundaries? 5. Name at least five fluids of closed bodily cavities.—L. E. S.

PHYSIOLOGY—1. Give composition, reaction, and uses of blood. 2. In what manner is the heart-beat influenced by the pneumo-gastric nerve? 3. Give the composition of normal feces. 4. What kinds of food would you recommend in cases of obesity? 5. What are ptomaines, and how are they produced? 6. Define tampering, and state what causes it. 7. Describe urea, its occurrences, and variations in the quantity excreted. 8. Describe the Babinski reflex, and explain its significance. 9. What is the function of (a) the external ear? (b) of the auditory canal? 10. Briefly describe the fetal circulation.—J. K. S.

SURGERY—1. Give treatment following case—Gun-shot wound, right arm, laceration muscles, compound fracture of humerus. 2. Describe hemorrhage and give treatment. 3. Given a case of Empyema—left chest. What would you do? 4. Give surgical procedure in complete cleft palate and hare lip. 5. What organs should be inspected in every surgical operation requiring opening of abdomen?—C. E. S.

CHEMISTRY—1. Give the formulas and names of five acids and five salt compounds used in medicine. 2. Give (a) the symbol, (b) specific gravity, and (c) the physical and chemical properties of carbon. 3. Name the principal derivatives of the hydrocarbons. 4. Mention the antidote applicable in a case of poisoning from silver nitrate. How does the antidote act? 5. Of what value are fats as foods?—C. E. S.

MAERIA MEDICA AND THERAPEUTICS (ELECTIC)—1. Give the indications for the use of two remedies in dysentery. 2. Name three uses for Collinsonia. 3. How treat a case of poisoning by (a) Paris green, (b) carbolic acid? 4. Name and give average dose of chief constituent of (a) Nux Vomica, (b) Cinchona, (c) Coca, (d) Belladonna, (e) Aconite. 5. Name three conditions in which you would use Aconite, and your dosage. 6. What is Dovers Powder? Give three uses, and dosage. 7. Give indications for Rhus and Baptisia in typhoid fever. 8. What is the

indication and dose for Chicmanthus in liver diseases? 9. Name an agent for use in (a) uremic poisoning, (b) pleurisy, (c) atonic dyspepsia, (d) acute dysentery. 10. Give electrical treatment for enlarged prostate, sciatica, constipation.—J. K. S.

MATERIA MEDICA AND THERAPEUTICS (HOMEOPATHIC)—1. Give the physiological action of Ergot upon the heart, circulatory system, uterus, and intestinal tract. Discuss briefly the two types of Ergot poisoning. 2. Are the snake poisons similar in character, in any way, to the toxins of bacterial origin? Can an immunity to snake venom be produced? Give characteristic symptoms of Lachesis. 3. Is it true that Rhus or Ivy poisoning can occur without coming into direct contact with some portion of the plant? What is the toxic principle of Rhus? Name the tissues upon which it acts and give its indications in typhoid fever. 4. Cantharides—Name its active principle; is it an aphrodisiac? Name three other vesicating drugs; in what diseased condition does its active principle produce a typical reaction? How does the reaction of the urine modify the action of the drug? Give the chemical antidote to a case of poisoning. Give in full the indications calling for Cantharides in dysentery. 5. Describe the Veratrine reaction; of what value is this knowledge to the Homeopathic prescriber? 6. What drug stimulates the adrenal function and consequently is a palliative agent in the treatment of asthma? 7. Give in full the physiological action of Gelsemium; when should it be used in headache? 8. Give the gastric symptoms of Nux Vomica; compare Hydrastis, Ipecac, Pulsatilla, Abies Nigra and Graphites. 9. Why can Kali Bichromicum, in any condition, never be indicated if there is any appreciable amount of fever present? 10. Give five characteristic symptoms for Arsenic and Phosphorus.—C. E. S.

MATERIA MEDICA AND THERAPEUTICS (REGULAR)—1. Give the indications for the use of opium. Name its principal alkaloids and state dose of each. 2. Explain the therapeutic action of heat and cold, and mention indications for the use of each. 3. Name the preparations of arsenic, giving the dose of each. Give therapeutic use and symptoms from its excessive use. 4. Nitroglycerin—give physiologic action, therapy and dose. 5. Name four preparations of iron; give dose and use of each. 6. What are intestinal antiseptics? Name three and give indication for their use. 7. Iodin—what incompatible with, action and use? 8. Give four preparations of potassium salts, dose and use of each. 9. Strychnin—what incompatible with, action and uses? In what condition is it contraindicated? 10. Discuss the uses and dangers in the treatment with X-ray.—L. H.

PRACTICE—1. Outline the present dietary treatment of typhoid fever. 2. Give a case of lobar

pneumonia at about the seventh day—respiration 44, temperature 104°, pulse 130, face dusky hue, finger nails becoming slightly blue; what would be your treatment? 3. Describe migraine; discuss etiology and give treatment. 4. Give your treatment of a case of acute articular rheumatism, and what prophylactic measures would you advise on recovery of patient? 5. What are the diagnostic points of pleurisy with effusion, and when would you advise a paracentesis thoracis? 6. Name the symptoms and give medical treatment of exophthalmic goitre. 7. Name the diseases causing biliary jaundice with treatment indicated in various instances. 8. Give differential diagnosis between locomotor ataxia and multiple neuritis. 9. Describe the symptoms of chorea, and outline the treatment for a well-marked case in a girl of 10 years of age. 10. Define the following terms and give illustrations:—delusion, illusion, hallucination, imperative conception, morbid impulse, delirium.—J. H. J. U.—L. E. S.—S. M. S.

It's Co-Operation That Counts

Recently the secretary asked for advice on Journal advertising from an expert, the former manager of a religious paper, a man of high ideals and of keen judgment. His answer was as follows:

"You have exactly the problem which I had to face. Soon after I came on the job, I realized that if our paper were to succeed, we would have to induce our members to actively support the advertising. So we organized an advertising committee in each local church and I visited and personally addressed the local bodies. I didn't ask them to accept inferior goods, high prices, and poor service; I merely asked that they read the ads, patronize the advertiser when other considerations were equal, and to *tell the advertiser where they had read the advertisements*.

"Results were astonishing. One of our advertisers actually had to establish a branch on the Pacific coast, although he had advertised in no other medium reaching the West. Another traced a five-thousand dollar order to one of our readers who had demanded a brand of gloves advertised in our paper.

"As a result of the loyalty of our readers, our paper has been called the best advertising medium of its kind in the country."

There is plenty of *clean* advertising available for *The Journal* if our members will support the advertising. What we lack in numbers we can make up with enthusiasm and loyalty.

—Dr. Walter M. Leonard, lieutenant, M. O. R. C., and Miss Ruth A. Ralston, R. N., both of Fostoria, April 17. Lieutenant Leonard is stationed at Camp Greenleaf, Chickamauga Park, Georgia.

Ohio Labor Leaders Discuss Attitude of Labor to Health Insurance; Director Outlines Plan

A KNOCK THAT'S A BOOST

At the recent Cleveland conference on health insurance, Miss Catherine Felton reported on the experience of the California commission which has conducted a rather extensive investigation. She pointed out how health insurance gradually has won the approval of the federation of labor, the manufacturing association and many leading physicians of her state. In conclusion she said:

"So far the opposition to health insurance in California comes from two sources—the Christian Scientists and the commercial insurance companies who are excluded from participating as carriers in the bills which we are drafting."

If our Christian Science friends are opposed to health insurance there must be something to it.

The distinct growth of the movement towards compulsory state health insurance was clearly indicated in the inter-state conference recently held in Cleveland to discuss the subject, which was attended by representatives of the state investigating commissions now operating in California, Connecticut, Illinois, New Jersey, Wisconsin and Ohio. The conference was called by the Ohio commission and was successful in the development of co-operation which will bring to each commission the results of the investigations conducted by the others.

Careful attention was paid throughout the conference to the problems of medical attention under the proposed state systems. Dr. A. R. Warner of Cleveland, medical member of the Ohio commission, Dr. G. E. Robbins of Chillicothe, member of the advisory committee appointed by our State Association, and Dr. D. B. Lowe of Akron, chief physician of The B. F. Goodrich Company (which operates a private system of health insurance), represented the Ohio profession in the consideration of these medical phases.

Probably the most interesting development of the conference from the Ohio standpoint was the statement by recognized Ohio labor leaders as to the attitude of organized labor in this state on the general subject. Representative O. B. Chapman of Dayton, a labor leader in the Ohio General Assembly, and Secretary Thomas J. Donnelly of the Ohio Federation of Labor, both of whom are members of the Ohio investigating committee, took occasion to make clear the attitude of the labor forces. Mr. Chapman stated positively that organized labor is not committed to any health insurance movement.

"We are of an open mind on the subject. The labor organizations were favorable to the act that created the Ohio commission because we wanted to learn something about health insurance and about the causes of sickness in the industrial world. * * * We want to know what health insurance is going to mean to us and we are willing to be shown. A great many of our people have their sick departments and sick benefits and a good many of them belong to fraternal organizations that have sick benefits. We want to be shown whether we will have to give up these organizations if they go into the state fund."

Secretary Donnelly's comment on the proposal was of even more interest to the medical profession. After confirming Mr. Chapman's statement that labor organizations must be shown the value of health insurance, he said:

"Possibly the failure of laborers in the past to enthuse much over health insurance was caused by the pretty generally wide-spread knowledge on the part of labor as to the cause of sickness, and a very clear conviction that a great deal of sickness among the industrial classes is preventable and should be prevented.

"The employers of this state and country are responsible for a great deal of sickness. So it seems to me that if we are going to study the subject of health insurance we must take up first the causes of sickness and the prevention of sickness. I am convinced in my own mind that when we go into the subject we are going to find that the daily wage is the underlying cause of most of the sickness, because the wage which people receive determines the manner in which they live, and it is a well-known fact that the greater majority of the workers in large industries of this country are inadequately paid, poorly housed and underfed. All this applies to their families. And until we can make a real investigation and find out whether this is true or untrue, we are going to find that labor is not going to enthuse so tremendously over a health insurance proposition that refuses to consider the causes of poor health among the industrial workers.

"In England, they found after the declaration of war, that with their wonderful increase in wages, the workers immediately proceeded—notwithstanding the high prices—to live better, and that there was a tremendous falling off in the amount of sickness. Now if health insurance is simply going to be a means of perpetuating the present industrial conditions and bringing the workers of America to the same condition as that to which the Socialists in Germany brought the German workers, of course the organized labor of the country will be opposed to it.

"Some time ago Brand Whitlock said, in discussing Socialism, that Socialism provided for everything but liberty. Now, if we are going into health insurance, it appears to me that we should be careful that health insurance shall not provide everything but health.

"There are two things that occurred to me as possible. One is to find out the condition of the industrial workers, their manner of living, their housing, and their medical care. We all will readily agree, no doubt, that the reason that the poor people have poor doctors is because they have not the money to pay for good doctors. The reason poor people die under surgical operations is because they fail to have the money to pay skillful surgeons. Of course, health insurance would provide some of the ways and means of securing those things, but if their condition is brought about by injustice, then I think we should clearly show in the reports that we make to our people that the wages the people are receiving are inadequate, the food is poor because the wages are inadequate, and that the state should make an exhibition of these conditions, and if the state is really interested in the welfare of its citizens, wants to prevent sickness, wants to correct these conditions, the commonwealth, the state itself, should lead the way in taking care of those sicknesses and diseases for which the state is responsible."

Another exceedingly interesting feature of the conference was the statement by Mr. John A. Lapp, director of the Ohio commission's investigation, as to the exact plan which is to be followed by the commission in arriving at the facts concerning the situation in this state. Mr. Lapp laid down the broad general principle that a commission charged with the investigation of a special subject of this sort must, in a general way, determine the following points:

"*First*, It must examine the needs for such legislation in the state and the existing laws or agencies which attempt to meet those needs.

"*Second*, It must find out what laws have been enacted in the states of this country or in other counties to meet similar needs and what the experience has been under them.

"*Third*, It must gather all the information, data, and opinions which have been expressed regarding the subject by administrators and publicists and must take account of the proposals of legislation which may have been made in the states or different countries.

"*Fourth*, It must determine how any proposed plan will fit the local conditions and the machinery of that administration.

"*Fifth*, It must determine the cost and its distribution and the sources of revenue to meet it.

"*Sixth*, If it is decided that legislation is desirable, and that the commission will report in favor of legislation, the details of the proposal

should be worked out in the form of legislative bills for presentation for public discussion to the legislature."

After discussing these broad general necessities in detail he proceeded to explain how the Ohio commission is preparing to meet the situation. His statement on this point follows:

"Applying the foregoing principles to the problem of health insurance, we have the following outline for the work of the commission:

"*First*, The first question to consider is the extent of sickness. The need for health insurance must necessarily arise out of the burden sickness entails. The Ohio commission is specifically charged with the duty of investigating the extent of sickness and methods of prevention, but if we were not so charged, it would nevertheless be its plain duty to measure the extent of sickness as a basis for proposals in health insurance.

"The facts which are essential as a basis must include the extent and causes of sickness and the economic losses resulting from sickness. We need to know what part of the population is sick in order to measure the entire social cost. We need to know what proportion of the working population is sick in order to measure the economic loss to workers, and therefore to the public. We need to know the sources of illness in order to arrive at some conclusion as to who is responsible for its occurrence,—the individual, the employer and the public, and to arrive at this conclusion, the main carriers of disease must be analyzed and charted.

"Other facts which must be known are: The death rates by various causes and by various communities; death rates by age groups; specific study of such community diseases as consumption, typhoid, smallpox, etc.; statistics of work time lost through illness or disablement; the experience of sickness benefit societies, labor unions, establishment funds, mutual benefit funds, fraternal funds and others, to show the amount of time which was compensated for by existing insurance carriers.

"*Second*, After having analyzed the above facts, the next step is to determine to what extent the needs disclosed are being met by the existing laws and existing institutions, namely: how far sickness is being prevented by the existing health and other machinery, and how far the losses incurred by disablement are being taken care of by benefit funds, mutual insurance, or other insurance carriers. The result which we need to determine here is to what extent the existing burden of illness is being distributed among groups of people so as to lighten the unusual burden which may fall to the individual.

"An analysis of the present health measures includes an examination of the sanitary laws and health administration of the state, cities, counties and townships to determine how far the neces-

sary power is already granted and adequate administration provided to prevent sickness, so far as it may be preventable; maternity care, health supervision in schools, and in factories, and industrial hygiene are some important phases of the inquiry.

"The extent to which insurance is already provided involves an examination of the carriers which are in existence, the extent and adequacy of benefits which they give and the provisions which they make for the prevention of illness. The main carriers which are found in all the states are:

- a. Trade union sick benefit funds (either local or national).
- b. Establishment funds, either conducted mutually by the employees, or provided by the employer, or by the two jointly.
- c. Fraternal orders which maintain local, state, or national sick benefit funds.
- d. Commercial health and accident insurance companies.
- e. Industrial insurance companies which provide for small death benefits.

"*Third*, When the data outlined in numbers one and two have been gathered, the commission is in a position to know the actual conditions which exist with reference to sickness, its prevention, and its economic cost. They know also what provisions have been made to meet these conditions under the existing institutions and are in a position to determine whether or not further steps are necessary by public action to adequately provide for the conditions that have been disclosed. But only when the foregoing is completed is the next step necessary, namely, the gathering of facts relating to legislation in other states and in other countries. If it is disclosed that a great amount of preventable sickness occurs, that the machinery for its prevention is inadequate, that employes and employers suffer severe losses from sickness; that the cost of sickness drives its unfortunate victims to the extreme of poverty; and that present agencies cannot be expected adequately to provide it; then it will be in order to learn how other states and other countries, faced with similar conditions, have solved, or tried to solve the problem.

"Perhaps not very many people arrive at their conclusions in this logical way, for it often happens that an individual knowing of a piece of legislation somewhere that seems to be solving a great social need, immediately proposes the application of the same law to his own state. It would be far better for legislation if we began the other way, and when we have discovered a need for a piece of legislation, set forth to find out how other people have solved that question. Perhaps, however, we need the stimulation of example to excite us to understand our own needs.

"The search for legislative proposals on health insurance is carried on necessarily outside of our

own country, for there is at this time no provision in any state for social health insurance, and we must turn to England and the Continent for our actual experience, where we find that practically every country has for a number of years been providing a complete system of sickness insurance. We have, however, a vast amount of experience in this country in the form of benefit funds, establishment funds, mutual and fraternal societies, etc., and of workmen's compensation laws, which in their essential form involve the same principles as are involved in sickness insurance. For example, in Ohio we have the very efficient state system of workmen's compensation insurance conducted by the industrial Board.

"*Fourth*, The search for experience and precedent will necessarily carry the commissions beyond the existing forms of statutes and will require that they examine the reports of administrators, discussions of legislation; proposals for amendments of new laws on the same subject; the recommendations of responsible officials, and the proposals, legislative and otherwise, which have been made in the different states of this country for legislative action. *Especially important is the consideration of the way in which medical benefits are organized, because the doctor and the hospital are pivots of the whole machinery.*

"We should in this connection not overlook the tremendous importance of the publications of our students and publicists who have been analyzing, weighing and considering the question for years. Besides the European experience, we have in this country the reports of at least four state commissions: the report of the State Federation of Labor of New York, the bills introduced in New York, Massachusetts, New Jersey, Ohio and other states; the writings of advocates of social insurance, chief among which are Rubinow's splendid contributions, the works of Dawson and Dr. Lambert, the publications of the American Medical Association and the Association for Labor Legislation, and the individual contributors, and the reports of the United States Health Service. In opposition we find the writings of Mr. Hoffman and other investigators and the reports of the National Civic Federation, the New York Chamber of Commerce, the Insurance Economic Association, and various insurance publications.

"*Fifth*, There is a danger in making investigations, which is more often exaggerated than real, that the investigators do not keep in mind at all times the actual conditions of the state for which they are legislating and make the information which they gather fit the solution of the local problem. We hear statements of joke legislation which attempts to transplant English, German, Massachusetts, and New York institutions to a state where conditions are different, but this is only an imaginary matter in most cases. After

all the conditions are not radically different. No commission composed of practical men will be likely to overlook the actual conditions in their own state. In this respect, the commission has the advantage over an enthusiastic individual investigator who may be led astray by his enthusiasm and lose his practical contacts with the conditions as they are. Every consideration should, of course, be given to the fitting of the proposals which are made to the local conditions and administrative machinery to which the state is, more or less, accustomed.

"Sixth, Naturally, the subject of health insurance involves at the outset the question of cost. Everyone is concerned to know what it is going to cost him if a system of social insurance is set up which would adequately compensate people in disablement. So strong is the insistence that we must know the cost, that health insurance commissions need to give the most careful and searching examination to the available data so as to be able to estimate with a reasonable degree of accuracy the amount which the average employer, employee, and the public will have to pay. Right at the outset, however, insurance commissions should establish the fact that health insurance is merely the method of distributing the costs which already exist, and that the total amount of money paid out under the most liberal plan proposed, would provide only a part of the total cost of existing sickness. The cost is borne at present unevenly by those who are least able to bear it. In a given body of 10,000 people, a part will be sick each year. Some will be sick for a brief time and not disturb seriously their earning capacity, and to them the cost will be light. Others will be sick for many weeks, involving serious financial losses and expenditures which they may never be able to pay. In the course of a lifetime, perhaps, the larger part of a group will suffer large losses, but the point is that a loss is there, and the insurance plan is merely the method of distributing it over the whole group throughout a lifetime.

"Upon the question of cost, however, much work must be done by each commission. It is not so difficult to determine within reasonable limits of accuracy, because we are able from existing data to know fairly definitely for any large group of workmen how many days are lost through disabling sickness. We have the experience of fraternal orders, establishment funds, trade unions and mutual insurance companies to give us a very fair basis of estimate. The commissions cannot from the very nature of things give in advance the actual rates which must be charged this industry or that industry to provide for its part in sickness insurance. In other words, it is not necessary prior to the enactment of laws to make the final actuarial rates for all types of industry no more than it was necessary for the Workmen's Compensation Acts to do that in cases of work-

men's compensation. However, the data at hand enables the commissions to come to a much more accurate estimate of the cost of sickness insurance than was ever available for the Workmen's Compensation when Workmen's Compensation Acts went into effect. Each commission will, moreover, add to the data which already exists through their own study and all together should see to it that all existing material is tabulated. The splendid work of the United States Department of Labor Statistics and the United States Public Health Service is a timely contribution to this subject.

"Seventh, If the state provided adequate machinery for the drafting of legislative bills, a commission could content itself with formulating a report and submitting it to the governor or to the legislature. Such provision is not made, in most of states, and if a commission desires to see its work fully complete, it must draft the bills which are to be presented to the legislature, in order that the knowledge which the commission itself acquires should be translated into final form in the legislative bills.

"A health insurance bill needs careful draftsmanship to keep it within the constitutional limits and to enable the system established under it to accomplish the ends proposed. The difficulties at present with reference to health insurance are greater than with most subjects for the reason that we have no American laws. There are no models, therefore and no judicial interpretations of statutes. All of the legal principles must be brought over from other fields and carefully weighed to make them applicable to health insurance.

"Moreover, as has been repeatedly pointed out, the details of the bill are extremely important. The whole must be worked out together by people who are thoroughly acquainted with the objects sought and with the existing situation. In some states, as in California, the first step is the drafting of constitutional amendments to make it possible to enact such a law. In Ohio, the right to pass health insurance acts is apparently clear from a constitutional point of view. In some states the question is doubtful, in others it requires very careful adjustment. While a commission may not desire to influence the legislature upon the subject which it proposes, it still should as a part of its report, file the drafts of the necessary bills to carry its proposals into effect.

METHODS OF WORK

"The commission first of all should recognize the economy of avoiding duplication of its work with that of other agencies. There is no excuse for doing anything which has already been done by competent authorities. The commission should find out what has been done upon the subject and begin where the others have left off to supply the deficiencies which appear to exist. This does not mean, of course, that they are to accept blindly

any conclusions which investigators or other commissions have arrived at, but rather that they shall accept basic data and basic facts which have been collected and prepared by dependable authorities.

"It will not be possible for any commission to accept opinions or biased investigations of friends or opponents, except for what they are worth; but when, for instance, the Bureau of Labor Statistics presents the data relating to several hundred establishment funds, it is wholly unnecessary for separate commissions to cover that same ground. There is, moreover, opportunity for co-operation among the different commissions in doing specific pieces of work such as the study of cost data, reports on industrial hygiene, study of draft statistics, etc.

"The commissions are, as a rule, composed of non-salaried appointees. The members cannot devote all their time to the work. They must depend upon a staff of investigators and assistants to do the actual work and bring to them the fruits of their investigations. The commissions, however, must be fully enough acquainted with all of the work which the investigators are doing to enable them to weigh carefully and appreciate fully at its full worth the data which is collected.

"It is necessary for commissions to work in the closest co-operation with those who are doing the investigating; to know at all times what subjects are under inquiry; what facts are found; and what new directions of inquiry seem to be desirable. Frequent meeting of the commissioners is therefore an essential thing. The Ohio commission meets every two weeks and remains in session a full day, receiving reports of its assistants and discussing the points involved. Each member is familiar with the lines of inquiry and with the work of the investigators.

"Probably the most difficult problem of method which a commission has to solve is that of getting the public, and especially the public which might have information to give, interested in the work of the commission. Men are busy with their daily affairs and pay but little attention to public matters. Unless special effort is made to get men to think on the subjects which the commission has to consider, there will be very little information produced for the benefit of the commission by the people of the state. Unfortunately, full discussion does not come until the bills are well advanced in the legislature when it is too late to get the good which might come from a similar discussion while the report of the commission and the bills proposed are being formulated.

"The Ohio commission believes that a method can be perfected by which all persons who are in a position to give valuable information may be enabled to do so in a logical, systematic and thorough manner, and it proposes to try that method out. The method consists simply in laying all the cards of the commission on the table,

face up; telling the public frankly what the problems are upon which the commission is trying to arrive at conclusions; offering specific questions upon which it desires information and presenting alternative propositions for discussion.

"In the case of health insurance, we will publish a statement describing what health insurance is and what agencies are now engaged in providing it. It will describe briefly the plans of health insurance in foreign countries, and the proposals heretofore made in this country. It will set forth some preliminary statements of proposed plans and give alternative propositions which might be considered as solutions of the problems before it. It will present to the people questions to which it seeks an answer, and will invite them to come before the commission and discuss these specific questions.

"This statement, which will be brief, covering all of the subjects before the Ohio commission, will be published in large quantities and copies will be sent to all groups of people who are supposed to have direct interest. Such groups are labor unions, employers' associations, chambers of commerce, medical societies and civic clubs. Public officials and individual citizens will also receive copies.

"With each copy will go a letter asking that this document receive the consideration of a special committee of the organization or the individual opinions of the members and that the commission will desire to hear from all persons and all groups upon the questions presented. It is hoped that by this method when it comes to public hearings, the discussions may center round the matters which the commission wishes to know rather than upon the futile discussions of irrelevant matters.

"Lastly, the matter of public hearings. By the method previously described, it is hoped that the legislative hearings may be made efficient. Many of such hearings are not efficient for the reason that witnesses come unprepared to discuss the specific things which the commission wishes to know. It is a common observation that much of the material presented in public hearings is a mere repetition of what scarcely needs mention in the first instance. Tons and tons of paper, and years and years of time are spent on irrelevant things. While every one must be given a chance to be heard, the commission at least should be in a position to protect its own time. It would be far better to receive the considered testimony of a representative of groups than to receive the scattered, uncorrelated testimony of individual members. By means of the preliminary statement, it is expected interested groups will present their arguments upon definite propositions upon which the commission expects to report.

"The widest and fullest discussion should be invited because in these times legislation must fit very accurately to the economic and social needs,

or else it will not be passed in the first instance; it will be vetoed by the referendum in the second; or it will be repealed in the third. That legislation is soundest which most carefully weighs the needs, gives the fullest chance for public expression as to its merits and is prepared with the most accurate farsightedness."

INDIANA IS INVESTIGATING

Through the action of Ohio in beginning investigation of health insurance and of sickness prevention, interest in adjoining states has been aroused, according to word that has come to the Ohio Commission. In two of the planks adopted by the Republican State Convention in Indiana, this interest is emphasized. The party favors the appointment by the next Assembly of a commission to investigate the whole subject of social insurance and also wants the Workmen's Compensation Law revised. A further policy provided is expressed in the following:

"The normal and healthy development of our children has now emphasized the importance. We believe the state should supervise the physical development of children in the public schools." It is understood that the declaration which represents the thought of the Goodrich administration, is the result of inquiries as to what is in process of development in Ohio.

The Physician's Duty in Protecting Munition Workers

"Report occupational diseases. To do so is your patriotic as well as your legal duty."

This appeal to every Ohio physician has been issued by the State Department of Health, through its division of industrial hygiene, of which Dr. R. P. Albaugh is director and Dr. E. R. Hayhurst is consultant.

Explaining its summons to voluntary service, the health department pointed out that the division of industrial hygiene is at present devoting most of its attention to the lessening of health hazards in the munitions industry. With the object of keeping the manufacture of war materials at maximum efficiency through minimizing sickness among the workers, the beginnings of an exhaustive study of the situation have been made. Information as to the prevalence of occupational diseases, obtainable through case reports, is necessary to provide a foundation for this survey.

"Every case report received means knowledge gained to aid us in the study of the prevalence, causes and prevention of occupational diseases," the division of industrial hygiene states. "In normal times the physician who reports such a case is merely obeying the law. In time of war, however, he is in addition performing a distinct patriotic service."

Legally the physician is required to report, within 48 hours from the time of first attendance upon the patient, every case which he treats of

anilin poisoning, arsenic poisoning, benzine or gasoline poisoning, benzol poisoning, bisulphide of carbon poisoning, brass poisoning, carbon monoxide poisoning, compressed air illness, dinitrobenzol poisoning, lead poisoning, mercury poisoning, naphtha poisoning, natural gas poisoning, phosphorus poisoning, turpentine poisoning, wood alcohol poisoning, and "any other ailment or disease contracted as a result of the nature of the patient's employment."

Inasmuch as the law provides no penalty for violation, however, many physicians have neglected to obey it. Until the law is amended the health department cannot effectively force obedience. It is therefore seeking to obtain, at least for the period of the war, better results than heretofore by voluntary action on the part of physicians.

"Seeing the splendid response which Ohio physicians have made to the summons for army service, we cannot but feel that they will be willing also to render this service of reporting occupational diseases, which is, in its way, just as important to the successful prosecution of the war," the health department's statement concludes.

New President of the A. M. A.

The selection of Dr. Alexander Lambert to the presidency of The American Medical Association at the recent meeting in Chicago will meet with general favor in Ohio. It is of particular interest because of the activities of Dr. Lambert in the field of health insurance. Prior to his entrance into military service when he became director of the American Red Cross in France, he devoted a large portion of his time to an intensive study of health insurance and its effect upon medical practice. His findings in this field are by far the most thorough that have been made by any medical man to date and will be of great help in aiding the Ohio profession to deal intelligently with this problem.

As usual, the Association carefully avoided electing any one from Ohio to a responsible position in the Association. We did not even secure a fourth vice-president, although Dr. Roger Morris of Cincinnati was elected chairman of the Council of Scientific Assembly.

A large number of Ohio men attended the Chicago meeting and report a very profitable and interesting convention.

—The reorganization of the tuberculosis work of the Cincinnati Associated Charities follows an appropriation of \$9,000 made to that organization by the city government. All relief cases will be concentrated under the direction of one paid worker and a case committee consisting of one member each from the Associated Charities, the Anti-Tuberculosis League, the Department of City Charities and the United Jewish Charities.

OHIO HOSPITAL NOTES

Dr. A. R. Warner, superintendent of Lakeside Hospital, Cleveland, has been honored by election to the presidency of the Ohio Hospital Association, which held its fourth annual session in Columbus at the Hotel Deshler May 28-29. He succeeds Mr. Fred Bunn, superintendent of Youngstown City Hospital. Dr. E. R. Crew of Dayton was re-elected secretary. Dr. Warner long has been active in an endeavor to organize the hospital interests of the state for the general improvement of the hospital situation, and his election to the presidency should mean a material extension of the activities of the Association.

A very interesting program was presented at the Columbus meeting. Miss Belle Sherwin, acting chairman of the Woman's Committee, Ohio Council of National Defense, outlined the work of the committee in stimulating adequate nurse training. Miss Helena R. Stewart, director of public health nursing, State Department of Health, discussed the added responsibilities of the social service nurse brought about by the war. Miss Florence Dakin, superintendent of Middletown Hospital, presented a very interesting paper on a plan for training women as attendants with lesser educational requirements than registered nurses demand.

The Tuesday evening session was devoted to a consideration of compulsory health insurance, particularly as it affects the hospital situation. Mr. John C. Lapp, director of the state investigation now in progress in Ohio, outlined the work of his commission.

Wednesday morning the program was devoted to the consideration of war-time economies in hospital administration led by President Bunn. Miss Sarah Benedict, dietitian of Miami Valley Hospital, Dayton, and Miss Bertha Beecher of Christ Hospital, Cincinnati, discussed the food problem and outlined methods of conservation which they have found effective. Miss Nellie P. Parish, superintendent of East Liverpool City Hospital, discussed the situation relating to operating room supplies and the special need for economy because of the shortage. Housekeeping problems caused by the war were presented by Miss Mary A. Jamieson, superintendent of Grant Hospital, Columbus, and Miss C. L. Butterfield, superintendent of Martins Ferry Hospital. Sister M. Beatrice of Mercy Hospital, Canton, led the discussion on laundry and linen room economy. Frank E. Chapman, superintendent of Mt. Sinai Hospital, Cleveland, presented suggestions for the conservation of light and fuel. R. W. Yengling, pharmacist of Youngstown City Hospital,

suggested standardization methods and economics that might be effected in the pharmacy room.

At the afternoon session on Wednesday, Dr. Thurman R. Fletcher, acting chief medical examiner of the Ohio Industrial Commission, explained the need of closer attention to detail on the part of hospitals in making out claims for state compensation. Dr. A. R. Freeman, in an interesting paper which we publish elsewhere in this issue, discussed present day medical problems. State Senator Howell Wright of Cleveland discussed the need of better co-ordination of the state laws governing hospitals.

—The executive board of Mansfield's new General Hospital has appointed the following physicians to serve on the staff of the institution: Medical section—H. Woltmann, J. M. Burns, R. B. Black, M. J. Davis, and W. S. Mecklem. Pediatric—Albert Shunk, W. S. Bushnell, J. S. Hattery, J. W. Salzman, E. C. Brown. Obstetric and gynecologic—C. G. Brown, B. F. Harding, C. R. Keller, R. V. Myers, and J. Lillian McBride.

Surgical—D. W. Peppard, K. G. Parker, J. L. Stevens, J. H. Nichols, Frank McCullough. Eye, ear, nose and throat—J. M. Garber, R. C. Wise, J. A. Yoder, H. W. Patrick. Anesthetists—Guy T. Goodman and C. S. Schiller. On June 1 the institution housed 25 patients and had a steadily increasing waiting list which will be accommodated as soon as the staff of nurses has been completed.

—The Springfield City Hospital board, at the request of the staff, recently adopted the following resolutions: That all physicians be required to use their own instruments in operations; that interns be prohibited from assisting at private operations except when permission is granted by the president of the staff; that non-resident physicians must be properly vouched for; and that the superintendent be given authority to exclude from the institution any physician found guilty of malpractice. Major C. R. Holmes of Cincinnati, has accepted the position of consultant in the preparation of plans for the proposed improvements at the hospital.

—Graduation exercises for five nurses of Elyria Memorial Hospital training school were held June 4.

—Flag raising exercises were held at the Deaconess Hospital, Cincinnati, June 2.

—Robinwood Hospital, one of Toledo's oldest institutions, has been purchased by the Lutheran churches of the city for \$141,350. The institution consists of two buildings, the main hospital and a new nurses' home. Dr. W. J. Gillette has been at the head of the hospital for more than 20 years.

—The annex to Deaconess Hospital, Ironton, was dedicated June 27.

—Akron health officials are considering the matter of placing before the voters of that city at the fall election a \$150,000 bond issue for the

purpose of constructing a new contagious disease hospital. Tentative plans call for a four-story 160-bed hospital building, administration building, nurses' home and heating plant.

—The Greenville Hospital Company has abandoned its original plan of erecting a new building for a community hospital, and has purchased a 14-room residence which will be remodeled for hospital purposes.

—The will of the late Orville L. Jones of Cleveland, probated May 23, left an estate of nearly \$1,000,000 for the benefit of Cleveland's poor children and hospitals.

—Thirteen nurses of the Springfield City Hospital nurse training school were graduated May 27.

—Residents in the neighborhood of German Hospital, Cleveland, pasted an American flag over the objectionable word "German" above the entrance to the institution recently. The hospital's name recently was changed.

—Flower Hospital, Toledo, has been practically turned over to training Red Cross nurses for the government. Trustees of the hospital in May voted to increase the quota of 10 training nurses to 25. Special classes for these recruits will begin July 8. Twenty out of 45 graduates of the institution are enrolled as Red Cross nurses.

—The bi-county tuberculosis hospital, established by Montgomery and Preble Counties and situated near Dayton, was formally opened on June 15.

—Under the guidance of Dr. Christian R. Holmes, Major General Edwin F. Glenn of Camp Sherman, inspected Cincinnati General Hospital, April 26. General Glenn was enthusiastic over the institution's adaptability for war and reconstruction purposes.

—Mrs. F. M. Beaty of Fort Worth, Texas, has been employed as superintendent of Portage County Hospital to succeed Miss Katherine O'Connell, resigned.

—Five graduates of Ashtabula Hospital training school for nurses received their diplomas, May 22.

—With the completion of plans for the organization of Lorain, Ottawa, Erie and Sandusky counties into a tuberculosis hospital district, 31 Ohio counties are providing or preparing to provide hospital care for their tubercular citizens. The new district hospital will be the state's sixth institution of the kind. In addition there are three county and two municipal sanatoria.

—Five young women, one from Dublin, Ireland, completed their work in the training school for nurses at Columbus State Hospital, May 15.

—Dr. E. A. Martin, assistant superintendent of Cincinnati Anti-Tuberculosis Hospital, has been appointed acting superintendent of the institution.

IMPORTANT HOSPITAL WORK

President E. O. Smith of the State Association, acting in response to a request of the American Medical Association, has appointed Drs. John C. Oliver of Cincinnati, Andrews Rogers of Columbus and Charles F. Hoover of Cleveland, as members of a special committee on hospitals to aid in the national work that is being launched by the American Medical Association with a view of evaluating the teaching facilities of hospitals in this state. For the first time an effort will be made to grade hospitals on the basis of determining their facilities for the intern year. This movement is growing throughout the country and is made necessary by reason of the fact that before many years all medical graduates will be required to complete their education through hospital internship.

NEED LARGER HOSPITAL

Crowded to almost twice its original capacity, Springfield Lake Tuberculosis Sanatorium is inadequate to care for a reasonable proportion of the tuberculosis cases in its district, which comprises Summit, Mahoning, Stark, Portage and Columbiana counties. The population has increased 33 1/3 per cent. in the district since its organization in 1910.

In the same period the number of tuberculosis deaths per year in the district has increased in like ratio. The aggregate tax duplicates of the five counties supporting the hospital are now nearly four times as large as in 1910.

These figures, according to the state department of health, show the need for immediate enlargement of the institution and also prove the financial ability of the member counties to make the necessary improvements. Enlargement by the cottage-unit plan has been recommended.

A DELIGHTFUL PAPER

For a few minutes of delightful reading we suggested that you turn to the May number of *Medical Pickwick* and read the short article on "An Excursion in My Library" which appears over the initials of J. C. R. You will be well repaid by the comment on early obstetrical writers, and particularly by the unique extract from the writings of Sarcombe. The J. C. R. who submitted the article is the venerable Dr. J. C. Reeve of Dayton, who, although well past the age which limits active medical practice, having recently celebrated his ninety-second birthday, still keeps in touch with things medical, and evinces a very lively interest in his profession. In these days when almost everything written pertains to war, it is delightful to come upon an article so clever and so unusual. We are advised that a second "excursion" is to appear in the July *Pickwick*.

Again, on Our Bended Knees, We Ask You to Pay Attention to this Industrial Commission Ruling

When I take the humor of a thing once, I am like your tailor's needle—I go through.

BEN JOHNSON.

We have considered very carefully the need of co-operation on the part Ohio physicians with the medical department of the State Industrial Commission in workmen's compensation cases which come under the two hundred dollar limitation clause, and we are convinced that it is of sufficient importance to warrant our most persevering efforts in emphasizing it. That's why we are going to tell you about it for the fifty-eleventh time.

Many of you recall, to your sorrow, that the old two hundred dollar limitation was exceedingly unfair and was responsible for much dissention between the Commission and the Ohio profession. When its injustice was brought to the attention of the Eighty-second General Assembly, it authorized the modification of the clause. Acting on this authority, the Commission passed a resolution requiring physicians in cases where the total cost for medical, nursing and hospital services and medicines is likely to exceed \$200.00, to file with the Commission an estimate of the cost of such service, together with an application for permission to incur the necessary expense.

Believing that the limitation had been entirely removed, many physicians entirely disregarded the resolution and as a result a large number of cases accumulated in which the \$200.00 limitation had been exceeded without the necessary permission. The Commission *might* have notified these men that their bills could not be considered because of their failure to comply with the rule, but it did not choose to dispose of the cases in this manner. Acting on the advice of Dr. Thurman R. Fletcher, acting chief medical examiner, the Commission rescinded its first action, thereby authorizing payment of bills in the accumulated cases, and re-enacted its resolution, effective May 15, a date six months later than that on which it originally became effective.

Notification of this action by the Commission was sent to each physician in Ohio in the form of a letter embodying the re-enacted resolution, enclosing a copy of Form 131, the blank which has been especially prepared for physicians' convenience in reporting these cases. To reinforce this, *The Journal* called the particular attention of members of the State Association to the Commission's action in the June issue, and the executive secretary's office sent bulletins to county legislative committeemen throughout the state, asking them to bring the matter up for discussion at their society meetings.

As a supplement to all this Dr. Fletcher has prepared a list of "do's" and "don'ts" to be observed in filing application for authority to pro-

ceed in these cases. If the following instructions are carefully adhered to you may be assured that your application will receive prompt and careful attention:

- (1) Read carefully all printed matter on Form C-131 before attempting to fill it out.
- (2) Send complete itemized account of your services to date.
- (3) In the column headed, "Expense to Date," fill in total amount of all services rendered to date.
- (4) In column headed "To be Incurred," fill in your estimate of the probable cost of future treatment.
- (5) Add up both columns and place total in blank space provided for that purpose, in the third line from top.
- (6) Please do not tell us it is impossible to estimate exact cost of future treatment. If this cannot be estimated for full period of treatment, give us an estimate covering a given number of weeks, reserving the privilege of making a supplemental application at a later date.
- (7) Please do not forget that the Commission will not approve payment for services in excess of \$200.00 until authority has been granted to render such services. Therefore, if you desire payment, it will be necessary to apply for authority **BEFORE THE SERVICES ARE RENDERED.**

Certainly this is the day of co-operation. Why, in war times that's all we do, and we have co-operated with this movement and that one until we have come to feel a great sense of satisfaction over our wee little ability to help along good causes. This is a good cause and the Industrial Commission will appreciate beyond expression the co-operation of the Ohio profession. There is another reason, *a very good one*, why you should co-operate in this matter—if you fail to secure authorization to proceed with treatment in these cases, the Commission will not be liable for payment of your bills.

Deserves Support

Dr. Byron E. Baker of Milford Center, one of the two state senators from the 13th and 31st district, is a candidate for re-election before the Democratic primaries. Dr. Baker, who is a practicing physician, rendered the profession splendid service during the last session of the General Assembly. He not only voted in the interests of public health and for the best interests of the medical profession, but he worked unceasingly to that end. The counties which comprise his district are Hardin, Logan, Marion, Union, Crawford, Seneca and Wyandot.

Answers to Questions that Arise in Minds of Physicians Considering Military Service

The Ohio Council of Defense, Medical Section, has issued an interesting statement designed to anticipate and answer questions that arise in the minds of physicians who are considering military service. We present it herewith. If, in addition, there are questions upon which additional information is needed, write Executive Secretary Sheridan at 131 East State St., Columbus. The statement: **INFORMATION RELATING TO BOTH ARMY AND NAVY**

(1) Q. How do I apply for a commission in the Medical Reserve Corps?

A. Write to the Surgeon General of the Army or Navy, the Council of National Defense, or for the Army appeal direct to an examiner for the Medical Reserve Corps. Detailed information will then be furnished.

(2) Q. What is the character of examinations?

A. Fill out the application form supplied by the Army, or in the form indicated by the Navy, then submit to a physical and professional examination. All papers, when completed, will be forwarded by the examiner to the Surgeon General's Office with a definite recommendation as the result of the physical and medical findings.

(3) Q. What provisions are made for myself and family in the event of injury or death?

A. Allowances will be made in case of injury or death according to the War Risk Insurance Act. These are arranged according to a schedule of the number of the officer's dependents.

(4) Q. What will be the cost of equipment?

A. The average cost of the necessary equipment in the Army is about \$250, although even this amount is not absolutely necessary. The Navy provides an allowance of \$150 to cover this cost. This is paid to the officer upon his first reporting for duty.

(5) Q. What is the time allowed for reporting after notification that I will be assigned to duty?

A. Fifteen days, with few exceptions, and then only when necessity demands.

(6) Q. What will be the character of orders received?

A. You will probably be sent to a medical military training camp for instruction.

(7) Q. How soon will the call for active duty be received?

A. If a request for immediate service is made, it will probably be granted. If you do not request immediate service, you will be given 15 days in which to arrange your home affairs from the time you receive the notification that you will be assigned to duty until the day you are to report. However, do not discontinue the practice of medicine until you are notified that your services are needed.

(8) Q. How can I secure immediate service?

A. Write to the Surgeon General of the Army or Navy, Washington, D. C., making such a re-

quest, stating at the same time your qualifications for special service.

(9) Q. Is there an urgent need for medical officers now?

A. The present inactive Reserve Corps of both Army and Navy is practically negligible and consists of officers enrolled but engaged in hospital internships and other absolutely necessary present duties, with which there is no desire to interfere any more than is necessary, and of those retained by different departments for special duties. The Reserve, therefore, has been exhausted and it has been estimated that there is an absolute need for 1,000 more medical officers in the Navy and 5,000 more medical officers in the Army.

(10) Q. What will be the character of service?

A. Every effort is made so far as possible to place an officer where his special talents will be best utilized, and his wishes with regard to such assignments are accorded every consideration.

(11) Q. When shall I discontinue the practice of medicine?

A. Not until notice is received from the Surgeon General to be prepared for active duty on or about a certain date.

INFORMATION RELATING TO ARMY

(12) Q. What are the requirements for a commission?

A. An applicant for appointment in the Army must be a citizen of the United States between 22 and 55 years of age, a graduate of a reputable medical school legally authorized to confer the degree of doctor of medicine, he must have qualified to practice medicine and be in the active practice of his profession.

(13) Q. How do I accept a commission?

A. A notice will be received from The Adjutant General of the Army stating that you have been recommended for a commission. Sign the oath of office, take an affidavit before a notary public, and send it with a note of acceptance of commission to The Adjutant General of the Army, Washington, D. C., and at the same time send a note to the Surgeon General of the Army stating that you have accepted your commission as (here note the rank). In the same letter request immediate service, if desired.

(14) Q. When do I become an officer of the Medical Reserve Corps?

A. When the oath of office together with a note stating that you will accept the commission offered in the Army is received and is of record in the Office of The Adjutant General of the Army, Washington, D. C.

(15) Q. For what length of time do I volunteer?

A. In the Army, 5 years.

(16) Q. What pay do officers receive?

A. Lieutenant, \$2,000; captain, \$2,400; major,

\$3,000; plus 10 per cent. for foreign service. Under the new act just signed by the President, if quarters are not available as a place of abode for wife, child, or dependent parent, each commissioned officer of the Army shall also be paid commutation at the rate authorized by law—first lieutenant, \$432; captain, \$576; major, \$720.

(17) Q. What are the expenses for field service?

A. From \$25 to \$50 per month.

(18) Q. What is the average number of physicians in each thousand discharged from the Medical Reserve Corps of the Army, and for what reasons?

A. Physical disability, 31; inaptitude, 13; domestic and community needs, 4; deaths, 3; resignations, 0.

INFORMATION RELATING TO NAVY

(19) Q. What are the requirements for a commission?

A. An applicant for appointment in the Navy must be a citizen of the United States, graduate of a reputable medical school, between the ages of 21 and 44 years; the grade given is assistant surgeon, with rank of lieutenant, junior grade (corresponding to first lieutenant in the Army).

(20) Q. How do I accept a commission?

A. A notice will be received from the Surgeon General of the Navy stating that you have been recommended for a commission. Sign the oath of office, which will be supplied, take an affidavit before a notary public and forward it with a note of acceptance of commission to the Surgeon General of the Navy, Washington, D. C. In the same letter request immediate service, if desired.

(21) Q. When do I become an officer of the Medical Reserve Corps?

A. When the oath of office together with a note stating that you will accept the commission offered in the Navy is received and is of record in the Bureau of Navigation, Navy Department, Washington, D. C.

(22) Q. For what length of time do I volunteer?

A. In the Navy, 4 years, or for the duration of war.

INFORMATION RELATING TO REGULAR ARMY

(1) Q. How do I apply for a commission in the Regular Medical Corps of the Army?

A. Write to the Surgeon General, U. S. Army, Washington, D. C., and detailed information will be furnished.

(2) Q. Are there any vacancies in the Regular Medical Corps of the Army?

A. 1,100.

(3) Q. What is the character of questions?

A. Full information concerning the examination may be procured upon application to the "Surgeon General, U. S. Army, Washington, D. C." The essential requirements to securing an invitation to report for examination are that the applicant shall be a citizen of the United States, between 22 and 32 years of age, a graduate of a medical school legally authorized to confer the

degree of doctor of medicine, of good moral character and habits, and shall have had at least one year's post-graduate hospital internship.

(4) Q. What commission will I receive?

A. Those applicants who successfully pass the examination are commissioned first lieutenants in the Medical Reserve Corps, and sent to either the Army Medical School in Washington or to a training camp for a course of instruction, covering a period of approximately three months, during which time they draw the pay and allowances of their grade. If, at the close of their instruction, they pass the final examination, and are favorably recommended, they are commissioned first lieutenants in the Medical Corps of the Regular Army.

(5) Q. What is the pay?

A. To each rank is attached a fixed annual salary, which is received in monthly payments, and this is increased by 10 per cent. for each period of 5 years' service until a maximum of 40 per cent. is reached. A first lieutenant receives \$2,000 per annum, or \$166.66 monthly. At the end of 5 years (*during the period of the war, at the end of one year*) he is promoted to captain, subject to examination, and receives \$2,400 a year, with an increase of 10 per cent. after 5 years' service, making \$2,640, or \$220 per month. After 10 years' service the pay would be \$2,880 annually, or \$240 per month. The pay attached to the rank of major is \$3,000 a year, which, with 10 per cent. added for each 5 years' service, becomes \$3,600 after 10 years' service, \$3,900, after 15 years' service, and \$4,000 after 20 years.

(6) Q. What are my prospects for advancement?

A. During the existing emergency a first lieutenant of the Medical Corps, U. S. Army, is required to complete only one year's service, instead of the 5 years' provided for by the act of June 3, 1916, to become eligible for promotion to the grade of captain, subject to examination.

(7) Q. What are the arrangements for retirement?

A. Officers of the Medical Corps are entitled to the privilege of retirements after 40 years' service, or at any time for disability incurred in the line of duty. On attaining the age of 64, they are placed on the retired list by operation of law. Retired officers receive three-fourths of the pay of their grade (salary and increase) at the time of retirement.

OHIO DOCTORS ATTEND PATRIOTIC MEET

"Win the war for permanent peace" was the keynote of the annual meeting of the League to Enforce Peace which was held in Independence Hall, Philadelphia, May 16, 17 and 18. Governor Cox and 62 delegates from this state attended the session of May 17. Among the delegates from Ohio were Dr. C. E. Sawyer of Marion and Dr. W. S. King of Ashtabula. Ex-president William H. Taft is president of the league.

Ohio Physicians Respond to the Call of the Surgeon General; Distinguished Visitors From Abroad Explain the Need

During June there was a wonderful response from every section of Ohio to the Surgeon General's appeal that 500 additional Ohio physicians answer the call to the colors. At this writing, late in the month, there is no means of checking the number that have applied for commissions in the Medical Officer's Reserve Corps since May 1, but partial reports from many counties indicate that the appeal brought results. The campaign will be continued by the Ohio Council of Defense, Medical Section, throughout the summer. It will be the object of the council to have every available man apply for a Reserve Corps Commission, so that in future calls by the Surgeon General we will be able to meet the demand for men from this state from the lists of those already commissioned.



Ohio men who participated in the convention of the American Medical Association at Chicago, and heard the reports on medical recruiting from other states, found that in states where the intensive campaigning has been longer in progress it has reached the point where about every man is applying for either an M. O. R. C. commission or a commission in the new Volunteer Medical Corps.

In the meantime, events transpiring "over there" make it more and more likely that the Army will be in steady need of a regular supply of physicians from every state. Major William E. Lower, of Cleveland, who was for several months in charge of the Lakeside hospital unit in France, and who is back on temporary leave, writes *The Journal*: "Many more doctors will be needed, and everybody who is at all able will have to help out. I still believe that the blackest days are ahead of us, but eventually we're going to win the war. The sooner the country, and the doctors of the country, make up their minds that it is to be a long hard pull—the sooner it will be over."

Select Men Who Will Pass on Ohio Applications or the New Volunteer Medical Service Corps

The State Council of Defense, Medical Section, this month started the organization of the Volunteer Medical Service Corps in this state; and as the organization of this body develops the situation in regard to medical recruiting will be clarified materially. It is freely predicted that within a very few months the physician who is not commissioned in either the M. O. R. C. or the Volunteer Medical Service Corps will be a rather unpopular man in his community.

In order to decide which men are eligible and shall be admitted to the Volunteer Medical Corps, the General Medical Board at Washington asked the state council to add six members to the list, and to delegate this work to these six members. For this most important task Dr. C. A. Hamman, chairman of the committee, selected Doctors Charles F. Clark, Columbus; Joseph E. Cook, Cleveland; J. C. M. Floyd, Steubenville; John C. Oliver, Cincinnati; Charles N. Smith, Toledo; and, representative of the homeopathic profession, T. A. McCann, Dayton. Their appointments have been confirmed and they have organized for their work by selecting Dr. Clark as chairman and dividing the state geographically.

The plan is to have applications for membership in this corps, made on regular application blanks, first submitted by the applicant physician to the General Medical Board, Council of National Defense, Washington. By the time this reaches the mails Executive Secretary Sheridan expects to have a supply of these official application blanks at the Columbus office of the Association, or they may be secured directly from the General Medical Board. The official regulations outlining who will be admitted to this corps were published in the June issue of *The Journal*, on page 372, and should be consulted.

When the application is received at Washington it will be checked and the references will be consulted. If found to be regular it will be forwarded to the Ohio committee. If the sub-committee, headed by Dr. Clark, finds that the applicant is entitled to admission to the corps, the application will be approved and, from Washington, the commission will be issued. No commissions will be issued unless the Ohio committee finds that the applicant physician is barred, for good reasons, from the Medical Officers Reserve Corps. The regulations specifically provide that membership in the corps is open to such physicians as would be accepted for the Medical Reserve Corps were it not for (a) physical disability, (b) over age, (c) essential public need, (d) essential institutional need, or (e) dependents, and that all women physicians are eligible.

The organization of the new corps will extend recognition to a large number of Ohio physicians

who, although prevented from entering active military service, are rendering to the government extremely valuable co-operation. It is but just and right that their service should be fittingly recognized and their status should be given special standing.

It is intended that this new corps will be an instrument able directly to meet such civil and military needs as are not already provided for. The General Medical Board holds it as axiomatic that the health of the people at home must be maintained as efficiently as in times of peace. The medical service in hospitals, medical colleges and laboratories must be up to standard; the demands incident to examination of drafted soldiers, including the reclamation of men rejected because of comparatively slight physical defects; the need of conserving the health of the families and dependents of enlisted men and the preservation of sanitary conditions,—all these needs must be fully met in time of war as in time of peace. They must be met in spite of the great and unusual depletion of medical talent due to the demands of field and hospital service.

Distinguished Visitors From Abroad Aid Us in Medical Recruiting for Ohio

Inspiring recruiting meetings, in which first hand information as to conditions abroad has been presented by distinguished medical men who have been at the Front and by others in close touch with the situation, have been held in various sections of the state this month. The largest, in which visitors from abroad participated, were in Cincinnati, Toledo and Cleveland.

On June 6, in Hughes High School at Cincinnati, the meeting was attended by about three hundred physicians from the southwestern section of the state. The speakers were Sir Arbuthnot Lane and Sir James Mackenzie, of England, Colonel H. A. Bruce, of Toronto, consulting surgeon of the British Expeditionary forces; Major W. J. Mayo, who is attached to the Surgeon General's Office; Major Franklin Martin, president of the General Medical Board, Council of National Defense; Major John D. McLean, secretary of the State Activities committee of the council presented the appeals for enlistment.

At Toledo, Sir James Mackenzie told of conditions abroad and Dr. E. O. Smith, president of the Ohio State Medical Association, presented the facts about the need in this country. He gave, in very interesting form, the detailed information about service in the Reserve Corps.

At Cleveland on June 22, at a large meeting well attended by northeastern Ohio physicians, the speakers were the same as at Cincinnati, with the exception that Lieut. Colonel William E. Lower replaced Major McLean and Major Jump replaced Major Mayo.

At these meetings one was able to get a very fair impression of the medical work behind the lines. Lane, for example, has been in charge of the work at Aldershot, the largest group of military hospitals in Great Britain. It is here that relief is given the men suffering from the terrible face wounds—men with portions of the face or the nose shot away and such horrible disfigurement that their children scream at the sight of them. He told of the wonderful plastic work that is restoring these features and practically giving back life to these unfortunate soldiers, whose number runs into the thousands. Sir James Mackenzie has been doing wonderful work in the cardio-vascular field—important as ten per cent. of the men invalided home suffer from these conditions. He analyzed these cases, showing how 90 per cent. of them are simply general physical breakdowns, in which the heart irregularity is merely the strongest symptom. Colonel Bruce, who for 18 months worked all along the line, from the North Sea to Switzerland, told of the wonderful hospital trains—which are in reality large moving hospitals with capacity greater than Cincinnati General—and told in particularly interesting manner of the casualty stations and the front line emergency work in the March drive. Major Mayo, speaking for the Surgeon General's Office, emphasized the part that civilian physicians must play, and spoke particularly of the necessity of extending the field of the hospital so that more sick people may be treated by fewer doctors. Major Martin and Major McLean, speaking for the Council of National Defense, made the plea for volunteers, and addressed themselves particularly to men under 45. Major Lower, at the Cleveland meeting, told of the conditions in France where he has served for many months.

At the inspiring Cleveland rally the British representatives paid high tribute to the work of the Lakeside Hospital unit in France.

Major Jump spoke pointedly to younger physicians in the audience, inquiring as to why they were not in khaki.

Major Martin said the time has come when every self-respecting doctor must get into either the Army or the Volunteer Medical Corps.

In addition to these largest meetings there were several smaller, but equally enthusiastic recruiting rallies in various sections of the state.

Physicians of Draft Age Will Be Denied Usual Exemptions, if this Request is Granted

A rather careful analysis of the medical recruiting situation in Ohio Shows that there are a large number of physicians of draft age who are failing to respond to the call for medical officers. A number of these men have secured from the local draft boards deferred classification by reason of dependency.

This deferred classification by reason of dependency was given them under the usual routine of draft board procedure. The draft boards failed to take into consideration the fact that a young medical man subject to selective service is situated differently than a young layman subject to selective service. The layman faces the necessity of entering the Army at a private's salary. Many of these young doctors who have claimed exemption would be immediately eligible to officers' commissions in the Medical Reserve Corps and would therefore receive an officer's salary instead of a private's salary. Therefore, dependency grounds that might be valid when considered in connection with a private's salary, certainly would not stand when considered in connection with an officer's salary and the attendant commutation and foreign service bonuses.

The Ohio Council of Defense, Medical Section, has laid these facts before Major Hubert Work, Medical Advisor to Provost General Crowder. The Council has requested that the Provost Marshal issue an order to all local draft boards asking them to consider exemption claims by physicians in light of these facts, and to reopen those cases where exemption claims previously have been granted. It is known that this request is being seriously considered in Washington. From an unofficial source we learn that before long every doctor of draft age who is physically qualified and who applies for exemption by reason of dependency will be required to first file an application for a commission in the M. O. R. C. If for any reason this application is denied, he will then be eligible for exemption on the civilian basis.

State Council of Defense, Medical Section, Holds Interesting Meeting at Cincinnati

The Ohio Council of Defense, Medical Section, met in Cincinnati, June 6, 1918, in response to a call from the National Council of Defense. Members were the guests of Dr. Charles A. L. Reed at luncheon at the Queen City Clum.

Those present were: Guests—Sir James Mackenzie and Sir Arbuthnot Lane of England; Col. Bruce of Toronto, surgeon, British Expeditionary Forces; Major W. J. Mayo of Rochester; Major Franklin Martin of Washington, D. C., president, General Medical Board, Council of National Defense; Major John D. McLean of Washington, D. C., secretary, States Activities Committee, Council of National Defense; Dr. Lewis S. McMurtry of Louisville; Dr. Lewis C. Boshier of Richmond, Virginia; Dr. E. M. Huston of Dayton; Drs. A. Ravolgi, A. B. Thrasher, Frank Cross and Captain A. E. Osmond of Cincinnati.

Members of the Committee—Chairman C. A. Hamann, Cleveland; Secretary C. S. Hamilton, Columbus; C. N. Smith, Toledo; Harmon B. Gibbon, Tiffin; Joseph E. Cook, Cleveland; E. O. Smith, Dudley W. Palmer, R. L. Thomas, C. A. L. Reed, Cincinnati; J. C. M. Floyd, Steubenville; Charles F. Clark, Columbus; T. A. McCann, L. G. Bowers, Dayton; George V. Sheridan, executive secretary, Columbus.

Brief addresses to the committee on the subject of medical recruiting and medical service were made by Sir James Mackenzie, Sir Arbuthnot Lane, Colonel Bruce, Major Mayo, Major Martin and Major McLean. Following these general statements the committee took up regular order of business.

Major Martin, after calling attention to the value of cooperating with women physicians in the state, urged the addition of women physicians to the Committee. The chairman was authorized to appoint immediately three women physicians to membership on the committee.

Major McLean, in a statement to the committee:

1. Commended the committee for prosecuting a vigorous campaign to enlist all medical men of draft age, regardless of exemptions by civil draft boards.

2. Reported that he expected shortly an official interpretation concerning the moratorium established by Congress as to its effect upon medical officers.

3. Reported that under a new ruling railway surgeons will not be permitted to enter active service until the application has been approved by Mr. McAdoo, secretary of the treasury, who is now in control of railways.

4. Reported that he will shortly issue from Washington a clarifying supplemental statement concerning the Volunteer Medical Service Corps and who is eligible thereto.

* * *

The writer frequently hears vague reports relative to the heavy expense of life in the Army. We haven't received these reports from medical officers in service, it being distinctly noticeable that they are usually spread most energetically by civilian physicians who should be in uniform. Here is a single fact that may contribute to the situation:

Dr. Matthew Hunter, practicing at Lewisburg, Preble County, entered service May 5, 1917, as a lieutenant in the Medical Corps of the Ohio National Guard. He was transferred almost immediately to Camp Sheirdan, Alabama, where Mrs. Hunter moved. At the end of the first year, after paying all expenses for himself and wife, and receiving no outside help, Lieutenant Hunter forwarded to his father, Dr. John E. Hunter of Greenville, a check for \$1,000 to be invested in government securities. It represented his net savings from his salary during that period. Dr. Hunter has not been out of school more than two years. How many physicians in private practice are able to save \$1,000 a year, net?



Major William E. Lower, Cleveland, who has been in command of the Lakeside Hospital Unit, at Rouen, France, is home for the summer on leave of absence. He has been commanding officer of the unit since December, when Colonel Gilchrist was transferred to the gas service with the American Expeditionary Forces. Dr. Lower's return was requested by Mt. Sinai Hospital and Western Reserve University.

Major George W. Crile has been made director of all research in the American Expeditionary Forces, although during the recent drive when research work was suspended, he served with the Unit.

Captain Walter C. Hill has been serving as Major Lower's Adjutant, and when Major Lower left, assumed command. Captain Richard Dexter was transferred to gas service with Colonel Gilchrist. There have been several other changes in the hospital staff. Captain Henry L. Sanford and Captain T. P. Shupe in January were transferred to the Urological Service, of which Major Hugh Young is chief. Captain Sanford is consulting urologist for the Rainbow Division. Captain Gordon Morrill was granted a leave of absence because of illness, and is now convalescent in this country. Captain H. V. Weihrauch left the Unit April 15 for service in the laboratory section of the A. E. F. Lieutenants Samuel Brock, William R. Barney, Harold K. Shawan, Walter B. Rogers and T. P. Shupe have been commissioned as captains since their service abroad.

Heroic service was rendered by the Cleveland Lakeside Unit during the big drive in March, as the brunt of hospital work fell on Rouen. The hospital evacuated and received more than 2,000 men a day. The ambulances instead of traveling in usual convoys, were in continual service. All recreation halls, extra huts and several new marquees were put into use with improvised beds of straw and tick covered boards. In the operating theatre there were six tables where for six days during the drive doctors and nurses worked continuously on eight-hour shifts, night and day for a period of 10 days, and where 110 operations a day were performed among the doctors and nurses. Even sickness was not permitted to interfere. Lieutenant Benjamin I. Harrison, who served for four months with one of the casualty clearing stations, was in the thick of the drive. His station was compelled to make several moves,

and was twice evacuated. He arrived at Rouen after working continuously without change of clothing for over two weeks, and after a 24-hour trip through mud and shell holes.

Cable reports from the war zone bear the information that Dr. K. T. Crossen of Carbondale, has been decorated for conspicuous bravery and now wears the French Croix D'Guerre. He has been recommended for promotion to the rank of captaincy. Dr. Crossen is not serving with the Medical Corps, having been commissioned originally as a line officer in the Regular Army.

Dr. Ben R. McClellan of Xenia, who was commissioned as a lieutenant in the Medical Officers Reserve Corps to assume charge of a recruiting campaign in Ohio, recently was summoned to active service and is stationed at Base Hospital No. 10, Fox Hills, Staten Island, New York, where the government is preparing to handle American casualties from overseas contingents. The sudden withdrawal of Dr. McClellan from Ohio made necessary a readjustment of recruiting plans, as he had been engaged for several recruiting talks before medical groups. Dr. McClellan writes that he is nicely situated, and that the work promises to be very interesting.

Surgeon Charles W. Moots, U. S. N., head of the Toledo Hospital Unit serving on the U. S. S. *mercy*, home on leave of absence in early June, is delighted with naval service. "Thought I used to do a little work at home, but have concluded I didn't know what the word meant," he says. The following is a typical day's schedule—eight major operations:

1. nephriplexy and appendectomy. 2. thyroidec-
- tomy. 3. cholecystostomy. 4. appendectomy and
- herniotomy. 5. gastroenterostomy. 6. two vari-
- coceles. 7. haemorrhoidectomy.

Dr. Charles E. Holzer of Gallipolis, has applied for commission in the Medical Officers Reserve Corps despite the fact that his new hospital serves a large territory in southern Ohio and West Virginia. He has arranged to personally notify physicians in the district when he is called to active service, which probably will be in the late summer or early fall.

Captain John W. Dudley Dunham of Columbus, who entered service early in June, has been as-

signed to United States Army General Hospital No. 12 at Biltmore, North Carolina, as the head of the medical service. The hospital cares for patients from American camps and men sent back from overseas. It is an ideal location for a reconstruction hospital and is fitted to care for all medical cases except tuberculosis. The staff is drawn largely from the German Hospital unit of New York (now the Lennox Hospital).

Dr. J. G. Smailes of Coshocton, has been transferred from Chicamauga Park, Georgia, to the Army Medical School at Washington, D. C.

At the order of the Surgeon General a number of northern Ohio physicians assembled in Cleveland, May 15, for the purpose of taking a course in anesthesia at Lakeside Hospital. They will constitute a special unit of anesthesia experts for duty in the war hospitals overseas. Dr. H. K. Yaggi of Salem and Dr. J. A. Mellon of Columbiana were among those who reported.

Dr. Sidney D. Foster of Toledo and Dr. Harry S. Noble of St. Marys, are stationed at Fort McPherson, Georgia, with Base Hospital No. 65. They report very interesting service.

Dr. Fred Fletcher of Columbus, who has been commissioned as a major, is taking special work at the Rockefeller Institute.

Captain T. Wingate Todd, Cleveland, Professor of Anatomy at Western Reserve, has joined the Canadian Army Medical Corps and is now in service.

The Cleveland medical profession is feeling the full horror of the war. Lieutenant Andrew S. Robinson, Medical Reserve Corps, is reported to have been taken prisoner. Lieutenant Floyd Mowry, M. R. C., is reported to have lost his right arm in Northern France, and is now convalescing in a London hospital. Lieutenant Abram Strauss, with the British Expeditionary Forces, in France is reported to have been wounded and taken prisoner.

Dr. Robert H. Butler of Bellefontaine, who is serving as Passed Assistant Surgeon on the hospital ship "Mercy" with the Toledo Naval Unit, is reported improving after undergoing an operation for appendicitis.

Captain John J. Silbaugh, M. O. R. C., left Lancaster, May 16, for New York City, for special work at the Rockefeller Institute.

It is reported that Youngstown will take money for the construction of a convalescent hospital for wounded soldiers from the war chest fund raised in that city recently.

Dr. R. G. Schutte of Kenton, reported at Fort Oglethorpe in May for intensive training, preparatory to overseas duty.

Colonel Charles U. Derle of the French Army Medical Service, who read a paper before the American Surgical Association in session at Cincinnati, June 8, probably holds the record among army surgeons for recovery from injuries, having been wounded 92 times in one battle. Colonel Derle assured a reporter from the Cincinnati *Times-Star* that he had never "really been in jeopardy," and stated that he expected to return to the Front in the near future.

Dr. Robert G. Noble of Columbus has been commissioned a captain in the Medical Officers Reserve Corps.

Dr. Fred O. Williams of Columbus, serving with the Columbus Naval Unit at Hampton Roads, Virginia, told members of his home city Exchange Club, June 10, how the government changed a cow pasture into one of the greatest hospitals in the world in less than a year's time.

Dr. A. Howard Smith of Marietta, has been commissioned a captain in the Medical Officers Reserve Corps and is at Rockefeller Institute.

Dr. Henry Brown, son of Dr. H. M. Brown of New Vienna, has been promoted from lieutenant to captaincy. Captain Brown is one of the staff of 20 physicians in charge of the general Army hospital at Fort Bayard, New Mexico.

Every member of the Ashland County Medical Society attended a farewell reception tendered Lieutenant C. C. Patton and Captain D. L. Mohn, who left Ashland to report for active military duty in early June. Lieutenant Patton reported at Rockefeller Institute, New York, for a special course of instruction. Captain Mohn was assigned to duty at Fort Oglethorpe, Georgia.

Dr. C. A. L. Reed of Cincinnati has been given a major's commission in the Medical Officers Reserve Corps.

Ohio's quota of the 25,000 registered nurses which the Surgeon Generals of the Army and Navy have asked the Red Cross to supply, is 1,464.

The Columbus Federation of Women's Clubs has donated 44 electric fans for use in the base hospital at Camp Sherman.

Lieutenant Fred B. Grosvenor of Columbus has been ordered to the base hospital at Hoboken, New Jersey, for duty.

Dr. Nathan H. Keller of Cincinnati, lieutenant,

Medical Officers Reserve Corps, has been transferred from Fort Oglethorpe, Georgia, to the base hospital at Camp Sevier, Greenville, South Carolina.

The following interesting paragraph is from a letter written by Dr. W. K. Allsop of Youngstown, to a Steubenville friend. Dr. Allsop is now in France with United States Hospital No. 31 (Youngstown Hospital Unit).

"We are situated in an ideal location and are in a position where we can do a lot of good work. We are nearer to the Front than most of the base hospitals and will get a lot of acute work. We are using the hotels of a French summer resort as hospital buildings. As yet we have not done much, but as soon as the Americans get into this war with all their troops we will see many busy days and nights. I have seen a number of mustard gas cases and they are beastly."

The war has brought about such a depletion of the ranks of Cleveland physicians that women of that city are being urged to prepare to enter the profession. President Charles F. Thwing of Western Reserve University has announced that if 10 women, with the necessary educational qualifications, apply for admittance to the medical department, the university will establish a medical school for women in the fall. The same inducement is made to women desiring to enter the law school.

The Journal is in receipt of a letter from Lieutenant W. H. Morgan, M. R. C., who at the time (May 16) was receiving a special six weeks' surgical course at Leeds, England. The letter expresses his appreciation to the Columbus Academy of Medicine for maintaining his membership during his absence in service. Referring to conditions in England, he writes: "One can see thousands of wounded men, thousands of cripples, thousands of widows and hundreds of orphan children. Words cannot describe the condition, one must simply see the condition with his own eyes. I am now receiving a six weeks' course along surgical lines and hospital work in general. It's really a wonderful experience. I enjoy the work immensely."

The war is having its effect on the medical departments of the state institutions. At the Soldiers' and Sailors' Home, Sandusky, Dr. John T. Haynes, chief surgeon, has lost four assistants during the past year. All have gone into service, and one is in France. Managing officers of state hospitals almost without exception have had like experience.

Dr. Edmund R. Brush of Zanesville, has been promoted from the rank of captain to that of major.

Recent Orders Issued to Ohio Physicians in Service

To Alessandro, California—Lieutenants F. T. Gallen, Columbus; J. A. True, Port Clinton.

To Biltmore, North Carolina—Captain J. D. Dunham, Columbus.

To Camp A. A. Humphreys, Accotink, Virginia—Lieutenant B. E. Gorham, Kent.

To Camp Beauregard, Louisiana—Lieutenants R. E. Gaston, Cincinnati; C. H. Chase, North Baltimore.

To Camp Crane, Allentown, Pennsylvania—Lieutenant H. O. Ruh, Cleveland.

To Camp Custer, Battle Creek, Michigan—Captain O. A. Dickson, Jefferson.

To Camp Devens, Ayer, Massachusetts—Captain A. C. Bachmeyer, Cincinnati.

To Camp Dodge and Camp Taylor—(and on completion, to his regular station at Fort Riley)—Major Willard J. Stone, Toledo.

To Camp Fremont, Palo Alto, California—Lieutenant C. F. Morris, Youngstown.

To Camp Grant, Rockford, Illinois—Captains E. R. Brush, Zanesville; J. E. Pirrung, Cincinnati.

To Camp Hancock, Augusta, Georgia—Lieutenant F. A. Lawrence, Elyria; Captain P. W. Cobb, Cleveland.

To Camp Holabird, Baltimore, Maryland—Lieutenant U. M. Bachman, Cleveland.

To Camp Jackson, Columbus, South Carolina—Lieutenant P. H. Krebs, Cleveland.

To Camp Lee, Virginia—Lieutenants G. A. Rowland, Delaware; J. H. French, Jeffersonville; Captain J. H. Harvey, Toledo.

To Camp Pike, Little Rock, Arkansas—Lieutenants J. D. Boylan, Milford Center; F. M. Houghtaling, Huron.

To Camp MacArthur, Waco, Texas—Lieutenant A. V. Sibert, Lima.

To Camp Meade, Annapolis Junction, Maryland—Lieutenant L. E. Stutsman, Dayton.

To Camp Shelby, Hattiesburg, Mississippi—Captains H. S. Noble, St. Marys; Carl Mulky, Warrensville.

To Camp Sheridan, Alabama—Captain O. W. Robe, Portsmouth.

To Camp Sherman, Ohio—Lieutenants Herman Shube, Cleveland; A. L. Mayfield, Cincinnati; Captain J. T. Merwin, Athens; Major R. S. Morris, Cincinnati.

To Camp Upton, Long Island, New York—Lieutenants E. C. Goldcamp, Ironton; J. B. McHenry, Hanoverton; J. L. Thompson, Bristolville; John Slivka, Cleveland; Carroll DeCourcy, Cincinnati.

To Camp Wadsworth, Spartanburg, South Carolina—Lieutenant J. C. Berry, Shadyside.

To Chicago, Illinois—Lieutenants J. H. Murray, Massillon; I. E. Jasinski, Cleveland.

To Cleveland, Ohio—(Lakeside Hospital Unit) Lieutenant J. A. Mellon, Columbiana; Captain H. K. Yaggi, Salem.

To Colonia, New Jersey—Captain R. R. Sellers, Orwell.

To Columbus Barracks, Columbus, Ohio—Lieutenant C. K. Ervin, Cincinnati.

To Edgewood, Maryland—Lieutenant C. A. S. Williams, Marietta.

To Fort Logan, Colorado—Lieutenants H. L. Price, Toledo; G. H. Reeve, Cleveland.

To Fort Oglethorpe, Georgia—Lieutenants W. L. Fox, E. F. Rambo, Akron; L. R. Majoewsky, M. F. Walker, Cincinnati; L. G. Sheets, Cleveland; F. L. Salisbury, Dayton; R. T. Saunders, Findlay; E. P. Cook, Granville; J. R. Crawley, Marion; F. J. Leblicq, Sandusky; W. C. Redd, Youngstown; Captains S. E. McAdoo, Akron; D. H. Mohn, Ashland; Z. F. Atwell, Amsterdam; E. C. Ludwig, Columbus; A. H. Mouser, Latty; J. V. Winans, Madison; H. P. H. Robinson, Medina; I. S. Workman, Mount Vernon.

To Fort Riley, Kansas—Major J. L. Ransohoff, Cincinnati.

To Fort Sam Houston, Texas—Lieutenant R. E. Lightner, Kingston.

To Fort Slocum, New York—Lieutenant H. J. Peavy, Jr., Toledo.

To Fort Wayne, Michigan—Major E. W. Sinks, Lima.

To Fox Hills, Staten Island, New York—Lieutenants J. C. Young, Cleveland, A. H. Carr, Reading; Ben R. McClellan, Xenia.

To Hoboken, New Jersey—Lieutenants H. E. Woodbury, Akron; A. J. McCracken, Bellefontaine; A. F. Snell, Jr., Cincinnati; A. E. Fried, Cleveland; J. K. Lawson, Dayton; R. H. Spitler, Greenville; P. S. Bone, Lancaster; T. McElroy, Mingo Junction; J. H. Holtz, Plymouth; C. W. Prichard, Ravenna; R. F. Jolley, Richwood; W. Shapiro, Toledo; Captains Theo. Brock, Brecksville; C. A. Tallman, Lima.

To Jefferson Barracks, Missouri—Captain W. B. Turner, Youngstown.

To Manila, Philippine Islands—Captain O. H. Pinney, Cincinnati.

To Mineola, Long Island, New York—Lieutenant F. S. Van Dyke, Columbus.

To New Haven, Connecticut—Major Philip Gath, Cincinnati.

To New York City—Lieutenants F. W. Pilliod, Toledo; D. H. Smeltzer, Youngstown; Captains C. C. Patton, Ashland; J. D. Osmond, Cleveland; A. H. Smith, Marietta; G. P. Tyler, Jr., Ripley.

To Philadelphia, Pennsylvania—Captain I. L. Biggs, Custer.

To Pittsburg, Pennsylvania—Lieutenants C. S. Jackson, Edison; S. W. Saxton, Steubenville; Captain Victor Biddle, Steubenville.

To Rochester, Minnesota—Lieutenants H. A. Springer, Dayton; R. C. Ash, Ashland.

To Washington, D. C.—Lieutenants F. J. Gallagher (then to inactive list), Cleveland; J. G. Smailes, Coshocton; Captain M. G. Baldwin, Toledo.

MEETINGS OF COLUMBUS ACADEMY OF MEDICINE

(Report by Ivor G. Clark, M.D., the Secretary)

The final meeting before adjournment for the summer was held at the Columbus State Hospital, where the members were the guests of the staff. Other recent meetings:

Meeting of June 3.—Dr. Robert Carothers of Cincinnati gave a resume of the treatment of fractures. The most useful symptom in fractures is pain. General principles in treatment of fractures are opposition of the fragments, maintenance of the apposition, care of the patient, and restoration of function. The surgeon should keep these four principles clearly in mind. Much harm is done by needless extension in Colles fracture. Non-union in fractures of the thigh is caused by inter-position of the lax anterior capsule between the fragments, and extension only aggravates the condition. Abduction with the spica is a preferred treatment. Fracture of the olecranon process, fracture of the ulna below the elbow and fracture of the patella are practically always operative. Dr. Carothers is partial to the use of plaster but a long time is required to develop proper technique. K. I. and mercury are used almost routinely to prevent non-union. He believes in changing the patient's life as little as possible and is a strong advocate of ambulatory methods. A great object is to avoid invalidism and promote early use of the fractured parts.

In the discussion, Dr. C. F. Bowen mentioned the necessity of anaesthesia in setting fractures. He feels that a great many bad results are due to the fact that anaesthesia is not used freely enough. Dr. C. M. Shepard condemns the Buck's extension, as did Dr. Carothers in his final remarks. Some criticism was expressed of the too common tendency to operate in fractures of the spine. Dr. Frank Warner, Dr. W. F. Bay, and Dr. W. J. Means also took part in the discussion. At Dr. G. W. Keil's motion a vote of thanks was extended to Dr. Carothers.

Dr. E. C. Gorrell described the work of women physicians in the war and proposed a resolution that advocated the admission of women physicians to the Reserve Corps of the Army with the same rank and pay as men. The resolution was passed upon favorably by the Academy.

Meeting of May 27.—Mr. Henry Gumble, Columbus attorney, analyzed the Hoy Bill from a legal standpoint. The sections of the law were read separately and the possible defects cited. The part of the law dealing with fee division proved most interesting to members of the Academy. Various phases of this section were thoroughly dealt with and specific questions were asked relating to special situations arising under the law. Dr. J. F. Baldwin, Dr. W. F. Bay,

Dr. L. L. Bigelow, Dr. C. F. Clark, Dr. W. C. Davis, Dr. C. W. Hadley and Dr. H. M. Platter took part in the discussion.

Meeting of May 6.—Dr. W. F. Bay presented a case of a luxated semilunar cartilage. Dr. Bay discussed briefly causes of this condition and emphasized the importance of the non-operative immobilization over long periods of time as a valuable treatment.

Dr. C. D. Hoy offered a knee joint case showing displacement of the semilunar cartilage, and gave his idea of the mechanism of its production. Dr. Hoy had a series of plates to illustrate his case.

Dr. F. F. Lawrence then presented his paper dealing with the surgical principles in the surgery of serous cavities and described the characteristics peculiar to the pathology of the serous membranes in various regions in the body. Dr. C. D. Hoy discussed Dr. Lawrence's paper.

Dr. E. H. Chapin's paper on Perforation of Abdominal Viscera reviewed the diagnosis of various types of perforation especially with reference to diagnosis. Dr. Chapin's paper was discussed by Dr. J. F. Baldwin, Dr. L. L. Bigelow, Dr. Albert Miller, Dr. R. R. Kahle and Dr. Andre Crotti.

NEWS OF THE CLEVELAND ACADEMY OF MEDICINE

(Report by J. E. Tuckerman, M. D., the Secretary.)

The 147th regular meeting of the Academy of Medicine was held Friday evening, April 19, 1918, at the Cleveland Medical Library. The President, Dr. G. E. Follansbee, in the chair.

The first paper of the evening was not read on account of Dr. Charles H. Hays' absence from the city.

Dr. E. E. Ecker read a paper on the "Immunology of Pneumonia." Dr. Ecker detailed the work done by Cole of the Rockefeller Institute and Kaeser of Chicago. Kaeser prepared his serum by immunizing roosters. Dr. Eckert stated that this method had an advantage over other methods since the immunized serum recovered from the rooster had a very high antibody content and therefore smaller doses by volume were required for use in the treatment of the disease. The results from its use based on the statistics presented were certainly very encouraging. Dr. Ecker's paper was discussed by Drs. J. E. Tuckerman and Hanson.

Dr. Way's paper on "Type Differentiation of Pneumococcus" was presented by Dr. Ecker. Dr. Way described the types of pneumococcus found and outlined the manner in which this work would be carried out and serum supplied to physicians for use in treatment of their cases by our City Laboratory.

Dr. Perkins in discussion said that the only reason for delay in this work was the lack of funds. He suggested that the Academy use its influence to secure from the city a more liberal allowance for the City Laboratory the next time this matter came up for consideration.

Dr. Follansbee stated that the Academy would use its influence in this direction the next time that the city had the matter under consideration and welcomed the opportunity to co-operate with the health department in matters of this kind.

MEETING OF MAY 10

The 148th regular meeting of the Academy of Medicine of Cleveland was held in the ball room of the Hollenden Hotel, Friday evening, May 10th. The American Nurses Association had extended an invitation to the members of the Academy to hear an address by Major William F. Snow, M. O. R. C., on "Government Campaign Against Venereal Disease."

MEETINGS OF TOLEDO ACADEMY OF MEDICINE

(Chester W. Waggoner, M. D., Secretary)

The Academy of Medicine of Toledo and Lucas County held its last regular meeting preceding the summer vacation, Friday, June 5, 1918, at Toledo State Hospital. A six o'clock dinner was served, followed by a scientific program.

The first half of the year 1918 has been a very active one from the point of view of Academy work. Many of our men are now enlisting and we expect when the fall work begins that quite a number of those with us today will have gone into active military service.

Below will be found a report of a case by one of our members now in service.

REPORT OF A CASE OF INFANTILE SCURVY,

by Lieut. Karl D. Figley, M. D., formerly of Toledo, now in the Orthopedic Service in France.

While Infantile Scurvy or Barlow's disease is not an exceedingly rare condition, it is unusual to meet with many cases during the course of practice. The following case is reported because it was quite typical of Barlow's disease, and because it presented several interesting features.

Baby M. First seen on March 31, 1917. Child was then 10 months old and weighed 10 pounds. At the age of three weeks, the child was adopted, very little being known as to its parents. The child remained well apparently until about the eighth month, some two months before it was first seen by the writer, except for numerous slight colds and coughs. About this time, the mother noticed that the baby cried when the feet or legs were moved, or even touched. Shortly after, purple spots (Ecchymoses) appeared under the skin all over the body. These spots varied

in size from ½" to 2" in diameter, and persisted for some three weeks, gradually turning a dirty yellow and then disappearing. About the same time the left ankle joint became black and blue, also swollen and painful. Some two weeks later the right thigh became swollen and very painful, the swellings gradually extending down and involving the right knee. Next, the left ankle joint became involved and recently the right shoulder joint. The child has lain quietly for the past several weeks, and cried when disturbed in the least. At times the mother thought the child had slight fever; when first seen the temperature was 99 and the pulse 110, being so weak as to be scarcely perceptible. One week ago, there occurred some vomiting, but otherwise the digestion has appeared normal,—in fact the child seemed hungry all the time and greedily emptied its bottle. The stools were yellow as a rule, although at first they were greenish-black. On a few occasions the mother noticed dark blood in the stools. She also states that at times the urine was reddish-brown in color. Epistaxis took place once about two months ago.

As to the child's food, the mother boiled all milk mixtures from the third week until the present time. The various milk mixtures were made with water, cane sugar and about two drams of lime-water being added to each 24-hour feeding. The amount given was some eight ounces every three to four hours. No fruit juices were ever given the child and all milk mixtures were boiled. From the seventh month on, barley-water was given at times independent of the milk feedings. As said before, the child's appetite has been ravenous, but it failed to gain in weight for the past several weeks.

Physical Examination. The patient is a strikingly anemic child of 10 months. It lies motionless except for movements of head and left arm, and cries pitifully when it is disturbed or even when the bed is jarred. The head is covered with perspiration and in the occipital region enlarged glands are felt. Post. fontanelle is closed; the ant. fontanelle is about one-half inch in diameter. The pupils react promptly to light and accommodation and the conjunctivae are very pale. The gums are pale, while the mucus membrane of the palate is almost pure white in color. Cervical glands are distinctly palpable. Throat and ears show nothing abnormal. The lungs are clear throughout; heart sounds are very weak. Inspection of the chest shows pronounced beading of the ribs at the costo-chondral junction,—the so-called "rhacitic rosary," while the abdomen presents the typical "pot-belly" appearance—the tissues feeling somewhat doughy to the touch.

As to the extremities, the child lies with the legs drawn up, knees flexed and thighs abducted. It does not move the legs at all, although it cries when they are touched. The right thigh and knee, also upper part of right tibia, are swollen

and slightly discolored. The tissues of the right thigh are swollen to twice the size of the left. The swelling is tense but not hot to the touch and no fluctuation is apparent. The epiphysis at the proximal end of the right humerus is enlarged and very tender. Also the epiphyses at both ends of the left tibia. Both femora and tibia show marked bowing and bend easily with light pressure. Negative Wasserman. X-ray showed periosteal thickening.

Treatment. This child was first seen on March 31, 1917. It was at once put upon milk mixtures made from raw milk instead of boiled milk, the use of cane sugar was stopped and lactose substituted. Orange juice was given the child several times daily, also beef juice extracted by means of cold water and then slightly warmed. A very thin potato gruel was occasionally given. No improvement was manifest for almost a week; after this period, however, the improvement was most rapid, so that in the course of 15 days from the change of diet the symptoms had quite disappeared. The thighs were now equal in size, the epiphyseal enlargements had disappeared and the child could be handled with impunity.

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COUNTY SOCIETIES

FIRST DISTRICT

Butler County Medical Society was entertained at Middletown Hospital May 23. After being shown through the institution the society enjoyed the following program: "Looking Forward for the State Department of Health," Dr. A. W. Freeman, State Commission of Health; "Occipito-Posterior Position of the Vertex," Dr. William D. Porter; "Nephritis in and of Pregnancy," Dr. Martin Fischer; address by Dr. Kennon Dunham.

Clermont County Medical Society, in session May 15, 1918, adopted resolutions which had been prepared by an organization of Cincinnati women physicians and passed by the Cincinnati Academy of Medicine, endorsing the admission of women physicians to the Medical Reserve Corps of the Army with the same rank and pay as men.—F. H. Lever, Correspondent.

SECOND DISTRICT

Clark County Medical Society held its regular meeting at the noon hour at Hotel Shawnee, May 8. Dr. M. B. Collins of North Hampton read a paper on "Haemophilia," illustrating with two child patients. Among the physicians who discussed the paper were Drs. J. J. Moore, F. Martin, Charles August, P. C. Cromer and W. B. Patton. At the meeting of May 22, Dr. Charles Augustus spoke on "The Relation of the Thermometer to Infantile Diarrhoea."

Darke County Medical Society, in regular meeting on June 13, 1918, voted unanimously to admit women physicians to join the Medical Reserve Corps of the U. S. Army on equal terms with men.—O. P. Wolverton, Correspondent.

Montgomery County Medical Society met for its last regular session before the summer vacation at Hills and Dales Club, Dayton, June 7. There was a banquet at six o'clock, after which a service flag for the doctors of the county who are in service was presented to the society by Judge Routzohn.

THIRD DISTRICT

Marion County Medical Society held its regular monthly meeting, May 7. The principal topic for discussion was "Volunteers for the Medical Reserve Corps of the United States Army." Talks were given by Drs. Wiant, J. W. McMurray, A. Rhu, R. C. M. Lewis, A. M. Crane and D. W. Brickley of Marion, Dr. Jasper W. Jolley of Morrall, and Dr. C. L. Baker of Kirkpatrick. Resolutions were adopted endorsing the Ohio campaign for child welfare, and the city health nurse and her work.

At the session of June 4, Dr. A. Rhu read a paper on "What is the Duty of the Physician in the Present War Crisis?" and Dr. H. L. Uhler's subject was "Surgery 25 years Ago as Compared with Today." A general discussion followed.

FOURTH DISTRICT

Ottawa County Medical Society met in Oak Harbor, May 9, with a good attendance. Dr. A. A. Brindley, a member of Pool Hospital staff, read an interesting paper on "Self-Castration," giving the history of a patient in the hospital. A discussion followed. Five members of the medical staff located at Camp Perry were present and gave interesting talks regarding the medical service rendered in the different camps.—S. T. Dromgold, Correspondent.

FIFTH DISTRICT

Ashtabula County Medical Society held its regular meeting May 14, 1918, at Ashtabula General Hospital, with President S. H. Burroughs in the chair. Resolutions presented and adopted by the society, whereby the Ashtabula County Medical Society, thru The Ohio State Medical Society and The American Medical Association, petition the President of the United States, the Secretary of War and the Surgeon General of the Army to authorize the appointment of women physicians to the Medical Reserve Corps of the Army with the same rank and pay as men. Communication read from the George Matson Memorial Committee, showing contribution to and disposition of the Memorial Fund, and expressing the appreciation of Mrs. Matson for the financial aid. Dr. Frances Hollingshead of Columbus addressed the society on "Ohio's Children as a War Issue."—Bernice A. Fleek, Correspondent.

Lorain County Medical Society held its monthly meeting May 15 at St. Joseph's Hospital, Lorain. Twenty-five members and two visitors were present. Letters from members in service were read and discussed at length. Mr. Frank Chapman, superintendent of Mt. Sinai Hospital, Cleveland, addressed the society on "A Plea for the Betterment of Medical Conditions in Hospitals and in Practice." Dr. Walter G. Stern of Cleveland spoke on "Orthopedics in War." At the business session which followed the program the dues for 1918 were raised to \$10.00, the treasury being depleted by the extra expenses due to war conditions, as payment of dues for members in service, increased cost of printing, etc.—C. O. Jaster, Correspondent.

SIXTH DISTRICT

Richland County Medical Society, with a large number of non-resident physicians and surgeons as its guests, made an inspection of Mansfield's new General Hospital, on the afternoon of May 14. At seven o'clock a banquet was held at which 52 were served. An address on "War Surgery" was given by Dr. R. H. Birge of Cleveland. In the evening the party witnessed a clinical demonstration in seven reels of pictures showing surgical and medical work performed by Dr. E. F. Erdman, of New York, in obstetrics and surgical operations.

Summit County Medical Society met in Akron, June 8, 1918, with 95 present from Akron, Baltimore, Cuyahoga Falls, Hudson, Kenmore, Mogadore, Peninsula, Pittsburg and Rittman. New members admitted were: M. B. Crafts, Clyde Leeper, C. W. Averell and Captain J. M. Ulrich, all of Akron. Dr. L. F. Barker, M. B., M. D., L. L. D., professor of clinical medicine at Johns Hopkins University, gave an address on "Arterial Hypertension." Dr. Barker's lecture, which was very instructive and entertaining, was illustrated by lantern slides. Drs. J. D. Smith, S. St. J. Wright, J. N. Weller, E. A. Weeks, W. S. Chase, A. Sicherman, C. E. Held, C. J. Case, W. A. Hoyt, M. D. Miller, D. S. Bowman, S. Greenfield and C. W. Hodges discussed the subject. Honorary membership in the society was conferred on Dr. Barker.—A. S. McCormick, Correspondent.

NINTH DISTRICT

Scioto County—Hempstead Academy of Medicine met in regular session in Carnegie Hall, Portsmouth, with the president, Dr. Hopkins, in the chair, June 10. Dr. W. E. Lewis of Cincinnati read a very interesting paper on "The Evolution of Medicine." Captain Quinn, now stationed at Camp Dix, addressed the society, telling of his experiences since he has entered service. A clinic of trachoma patients is under way to be ready when Dr. McMullen visits Portsmouth. A number of visitors and a large per cent of the members were present at this meeting.—Oral D. Tatje, Correspondent.

LABORATORY WORK AT A DISTANCE

One of the most conspicuous examples of progress in medicine has been the influence of laboratory findings upon clinical diagnosis and treatment. For a time this tremendously important help was limited to those workers in the large cities close to completely equipped and properly officered diagnostic laboratories. After a time as methods became standardized, it became clearly evident that the man in the small community needed this help as much as did his brother in the big town. Then we began extending our service to the smaller communities. At the present time THE CINCINNATI BIOLOGICAL LABORATORIES are rendering this service to many practitioners of medicine to their great satisfaction.

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Plan New Fee Schedule for Hospitals

Dr. Thurman R. Fletcher, acting chief of the medical division of the Ohio Industrial Commission, presented a very interesting paper recently at the annual meeting of the Ohio Hospital Association. He explained the policy of the department in dealing with hospitals in workmen's compensation cases and urged hospital executives to give particular attention to the ruling of the commission under which advance estimates are required as to the expenses incurred for all cases that may exceed the two hundred dollar limitation fixed by the law.

Dr. Fletcher further urged the hospitals to immediately reply to the questionnaire which has been issued by the commission, with exact information concerning operation costs, so that a new and equitable rate of compensation for hospital care may be established by the commission. Since the first operation of the act, hospitals have been allowed a maximum of \$15.00 per week. This rate was fixed arbitrarily three years ago, as no definite information as to the cost of hospital service was available.

Dr. Fletcher pointed out that the commission realizes that hospital operation costs have greatly increased during the past two years, and that a new rate, based on increased costs, is a necessity. He made it clear, however, that the new rate will not be fixed by the commission until hospitals supply the data which will enable the department to determine definitely the cost of the service which it requires. He reiterated the statement that in workmen's compensation cases the state has no desire to place injured workmen on a charity basis.

Incidentally in his address Dr. Fletcher called attention to certain cases of dishonest procedure on the part of physician and hospital executives. In so far as hospitals are concerned, the most common form of swindling is to keep a patient in the hospital for unnecessary periods. He reported, for example, that in one case—a simple fracture of the metacarpal bones of the hand with no complications—the patient was in the hospital for four weeks. In another case—simple Colles' fracture—a hospital bill for six weeks was submitted, while in a third instance—amputation of a finger with no infection—the period was five weeks.

A significant feature of the hospital meeting this year was the almost complete absence of criticism of the Industrial Commission. In past years hospital executives, in their annual sessions, have spent a major portion of their time denouncing the Workmen's Compensation Act in practically all of its phases. This year there was little criticism. Some of the discussants of Dr. Fletcher's paper even went so far as to commend the work of his department.

SMALL ADVERTISEMENTS OF INTEREST

Practice Open—One of the leading physicians in Northwestern Ohio wants to enter War Service but cannot leave his practice. He is looking for a good man, disqualified for military service by some slight defect or by dependency, who will take up his work under very good terms. Practice for years has run from \$10,000 to \$15,000 with comparatively small expense. Office with heat, light and full equipment, furnished. If interested write or call upon Executive Secretary Sheridan, 131 E. State St., Columbus.

For Sale—\$3,800 practice; only physician in small village; good roads, good country, good collections. \$500 takes drugs and some office furniture. Address W. P. C., care of *Ohio Medical Journal*.

Wanted to Buy—Oculist's trial case, ophthalmometer, phoro-optometer, office furniture, etc.—Address E. W. S., care of *The Journal*.

Wanted—An eye, ear, nose and throat practice. Will purchase or consider a partnership. Address Dr. D., care of *The Journal*.

For Sales—Modern office and residence combined with all conveniences; garage; good roads; village and country practice; railroad center; rich farming community; nearest town six miles, good business; easy competition one young physician; people want another physician at once. Part cash and mortgage for balance. Going to army. Address Dr. A. C. Musgrave, Ohio City, Ohio.

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DEATHS IN OHIO

Friends in the medical profession throughout the United States were greatly saddened when they learned of the death, on May 23, of Dr. Martin Stamm of Fremont, a widely known and widely loved physician and surgeon. Death came suddenly in the evening, following a professional visit to Toledo. He had been in failing health for nearly a year.

Dr. Stamm's many years of hard work and his originality in surgical technique made him for years a prominent figure in the surgical world



and brought him many honors. His work was recognized here and abroad and he is credited with being a pioneer in many surgical procedures that have since become routine and definitely established. He always was active in the Ohio State Medical Association, founded the Sandusky County Medical Society, was a Fellow in the American College of Surgeons and in the American Association of Obstetrics and Gynecologists, and was honored by other special societies. His standing in Ohio was indicated by the fact that there has been a well defined movement within the Ohio State Medical Association to create the position of president emeritus, in order that his services might be fittingly recognized by the physicians of his home state.

Dr. Stamm was not only eminent in medicine

and surgery—he was a splendid citizen. He represented his county in the state convention of 1912 when our new constitution was adopted. He long served on educational and civic boards in his home city.

Mr. Stamm was born in Schaffhausen, Switzerland, November 14, 1847, and was graduated from the University of Berne in 1872. He then located in Fremont but made frequent trips to the clinical centers of Europe. On two occasions, in 1899 and 1907, he completely encircled the globe, and in 1914, when the great war broke out, was in Switzerland and for a considerable period engaged in special war work in Swiss hospitals.

He was markedly devoted to the development of organized medicine and rarely failed to attend meetings of national, state and district organizations. His wide travel and broad reading made him a man of distinguished personality and his kindly nature and extreme modesty made him liked wherever known. The resolutions adopted by the Sandusky County Medical Society are typical of expressions heard throughout the profession:

"It is but fitting that we should meet to honor the name of our beloved Dr. Stamm, who founded this society October 2, 1879. As we look at his signature in the secretary's book we bow our heads in memory of his untiring efforts to make this society better. How well we remember his learned discussions. He was our president for a number of years. His scientific attainments were of the highest character. We rejoiced in the international reputation that he won by his earnest work. He originated and performed many important operations. He was loved by thousands of his patients for his kindly disposition. In fact he was a big broad-minded man. We honor him and mourn his loss, and now that he has lived out his expectancy of the Valentine limit of three score years and ten, may the great physician go to his home and we the society extend to his loved ones our deep-felt sympathy. His work will live for all time."

In order to perpetuate his memory the Sandusky County Medical Society is planning to erect a public memorial in the form of a bronze bust in the rotunda of the new Sandusky County Hospital. It probably will be unveiled during the annual meeting of the Tri-State Medical Association, which meets in Fremont in October. At memorial services, held under the auspices of the county society, many tributes to Dr. Stamm's memory were paid. Judge John T. Garver spoke of his political career; Mr. E. P. Timmons told of his work in the educational field; Dr. J. H. Jacobson of Toledo paid a tribute to him as a surgeon, and Dr. E. M. Ickes spoke as a companion and friend, while others paid tribute in like manner.

Those of us who knew him well will miss his cheery presence in the medical meetings of the future.

Joseph W. Binckley, M. D., Cleveland University of Medicine and Surgery, 1867; aged 80; died at his home in Kenton, June 1, of a complication of diseases. Dr. Binckley practiced medicine in Kenton for half a century and served as

mayor of that city for two terms. He is survived by his wife, one daughter and four sisters.

Eugene M. Bishop, M. D., Starling Medical College, Columbus, 1900; aged 42; member of the Ohio State Medical Association; died in his carriage, May 9, of organic heart trouble while returning from the home of a patient. Dr. Bishop, who had resided in Wilksville, Vinton County, for a number of years, was a son of Dr. J. C. Bishop of Columbus. He leaves a widow and two daughters.

Samuel K. Christy, M. D., Medical College of Ohio, Cincinnati, 1880; aged 66; former member of the Ohio State Medical Association; died at his home in Willshire, May 15, of heart trouble. Dr. Christy had practiced in Willshire nearly 40 years, having come to that village immediately after his graduation.

U. S. Grant Deaton, M. D., Memphis Hospital Medical College, 1894; aged 51; member of the Ohio State Medical Association; died in Robinwood Hospital, Toledo, May 31, after an illness of three days. Dr. Deaton had practiced medicine in Toledo for many years. He entered the U. S. Medical service as a lieutenant in the Boxer uprising. He served in the Spanish-American war and in the Philippines, where, after being wounded several times, he was dis-

charged with the rank of captain. Dr. Deaton was active in Republican politics, having served as state senator from Lucas County in 1910 and 1911. Five brothers survive.

Wallace R. Flower, M. D., Western Reserve University Medical Department, Cleveland, 1875; aged 66; died in St. Vincent's Hospital, Cleveland, May 2, from carcinoma of liver and stomach. Dr. Flower resided in Ashtabula, Ohio.

Charles E. Gaines, M. D., University of Louisville, Medical Department, 1894; aged 59; member of the Ohio State Medical Association; died of diabetes, May 13, at Grant Hospital, Columbus, whither he had been taken from his home in Covington four days before his death for an operation. Dr. Gaines served as coroner of Miami County for a number of years. He is survived by his wife, two daughters and one son, Dr. Waldo N. Gaines of Pemberton. Dr. William Gaines of Houston is a brother.

Alexander Hitchcock, M. D., University of Wooster, Medical Department, Cleveland, 1872; aged 70; died at his home in Port Clinton, May 27. Dr. Hitchcock had lived in Port Clinton his entire life and was active in promoting commercial enterprises in that community. Three daughters survive.

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Valuable Agent in Local Treatment of Acute and Chronic Nose and Throat Conditions

In its pure state, Stanolind Liquid Paraffin is an emollient, soothing the inflamed area of the mucous membrane of the nose and throat.

It also is a convenient solvent for camphor, menthol, thymol, eucalyptol, etc.

Stanolind Liquid Paraffin is used as a spray, or is easily broken up in any standard nebulizer, and will not gum up or choke the instrument.

Stanolind Liquid Paraffin also is indicated in treatment of constipation and intestinal stasis.

STANDARD OIL COMPANY

(Indiana)

Manufacturers of Medicinal Products from Petroleum

72 West Adams St.

Chicago, U. S. A.

Elwood Holaday, M. D., Pulte Medical College, Cincinnati, 1886; aged 65; died at his home in West Elkton, May 31, after a brief illness. Dr. Holaday had practiced in the vicinity of West Elkton for more than 40 years. His wife and two sons survive.

Peter Thompson Kilgour, M. D., Pulte Medical College, Cincinnati, 1892; aged 57; died suddenly as he was entering Mount Healthy M. E. Church, Cincinnati, April 24, from cerebral hemorrhage. Dr. Kilgour was dermatologist to the Home of the Friendless, Cincinnati.

Joseph A. McCullough, M. D., Western Reserve University School of Medicine, Cleveland, 1878; aged 63; members of the Ohio State Medical Association; died at his home in Steubenville, May 23, of pneumonia. Dr. McCullough was a son of Dr. Joseph Beatty McCullough, a practitioner in Steubenville for many years. He leaves his mother, wife and one son.

James H. Roll, M. D., Medical College of Ohio, Cincinnati, 1872; aged 72; member of the Ohio State Medical Association; died at his home in Hamilton, May 16, of apoplexy. Dr. Roll was a veteran of the Civil war. His wife, one son and daughters survive.

Addison Fitzhugh Sanders, M. D., Miami Med-

ical College, Cincinnati, 1898; aged 52; a member of the Ohio State Medical Association and a Fellow of the American Medical Association, was instantly killed May 5, being struck by an automobile. Dr. Sanders was associated in the practice of medicine with Dr. Robert Sattler in Cincinnati. He is survived by his widow and two children.

Reuben Wilson Walters, M. D., Western Reserve University Medical Department, 1867; Cleveland Homeopathic Hospital College, 1873; aged 79; died at his home, April 19, of pneumonia. Dr. Walters was a veteran of the Civil war.

MARRIAGES IN OHIO

—Dr. Lecky Harper Russell of Columbus, lieutenant, M. O. R. C., and Miss Carita L. Kimball of Lawrence, Massachusetts, at Covington, Kentucky, May 2. Lieutenant Russell is on duty with the 147th Field Hospital Unit at Camp Sheridan.

—Dr. Leo Rudolph Majowsky of Cincinnati and Miss Emilie Fries of Covington, Kentucky, March 26.

—Dr. Roel Harrison Markwith and Miss Ethel A. Davis, both of Columbus, April 21.

Atophan Adviser

No. 2

Atophan in "Rheumatism"

Full Information and Clinical
Literature from

Schering & Glatz, Inc.

150-152 Maiden Lane, New York

"**R**HEUMATISM" is still a rather vague diagnosis for a group of conditions irrespective of their causation. But with pain, inflammation and congestion ever present, Atophan treatment is always in order.

You have, no doubt, in your practice frequent cases of Articular Rheumatism in which salicylates fail to act and now only upset. Switch to Atophan. You will find it good advice.

And here is why Atophan does better than salicylates, especially in Acute Articular Rheumatism; Quicker abatement of subjective symptoms, absence of profuse diaphoresis, constipation and cardiac by-effects.

Atophan cannot figure, of course, in the curative treatment of Gonorrheal Rheumatism. However, the marked respite from actual suffering, readily obtainable by its use, makes patients ever so much more tractable for specific measures.

ATOPHAN—Made in U. S. A.—is furnished in

Tablets, each 7½ grains, twenty in box.

Powder, in cartons of one ounce.

Up-to-date druggists have it in stock. If yours has not, please let us know.

1810 Calories Per Pound

Oats yield 1810 calories per pound. Meats, fowl and fish average about 750 calories per pound.

For the same nutrition, meats will average from 8 to 10 times the cost.

White bread, pound for pound, is but 41 per cent as nutritious as oats. And wheat must be conserved.

Oats are rich in minerals. With milk, they form a complete food.

There is every reason in these days for fostering the use of oats.

Quaker Oats

Quaker Oats are flaked from queen oats only—just the rich, plump, luscious grains. We get but ten pounds from a bushel. The exquisite flavor which results makes this the favorite brand. Yet it costs no extra price.

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(1945)

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Samples, Analysis and Informative Literature mailed on receipt of professional card.

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Est. 1857 New York



State Food Administrator Croxton Asks Members of This Association to Help Him in Wheat Conservation Campaign

Fred C. Croxton, federal food administrator for Ohio, and Miss Edna N. White, the administration's home economics director have joined in an appeal to the physicians of the state to throw the weight of their professional advice into the campaign for the conservation of the use of wheat. Mr. Croxton was prompted to call on the membership of the Ohio State Medical Association to help him in this matter by reports which reached the headquarters of the food administration from various sections of the state, to the effect that in some instances physicians are advising against the elimination of wheat from the diet.

Mr. Croxton has authorized the following statement to the physicians of Ohio:

"The question naturally arises, to what extent can the wheat to which we are now accustomed in our diet be reduced without injury to the health of the individuals of the nation? This question was put by the food administration to a committee of experts recently assembled in Washington to consider the special physiological problems involved in the general problem of wheat conservation. The following were on that committee:

"Dr. R. H. Chittenden, Professor of Physiolog-

ical Chemistry and Dean of Sheffield Scientific School, Yale.

"Dr. Graham Lusk, Professor of Physiology, Cornell University.

"Dr. E. V. McCollum, Professor of Bio-Chemistry, Johns Hopkins University.

"Dr. L. B. Mendel, Professor of Physiological Chemistry, Yale University.

"C. L. Alsberg, Chief of the Bureau of Chemistry, U. S. Department of Agriculture.

"Dr. F. C. Langworthy, Chief, Home Economics Division, State Extension Service, U. S. Department of Agriculture.

"Dr. Alonzo E. Taylor, Professor of Physiological Chemistry, University of Pennsylvania.

"Prof. Vernon Kellogg, Stanford University.

"Dr. Raymond Pearl, School of Hygiene, Johns Hopkins University.

"Dr. Ray Lyman Wilbur, formerly Dean of the Stanford University Medical School; now President of Stanford University.

"The committee, as may be seen, was composed of the highest physiological authorities in the country. Their answer to the question was direct and unequivocal.

"It is the scientific opinion of the committee

Adrenalin in Hay Fever

IN either of the forms mentioned below, Adrenalin, in a vast majority of cases, provides a rational and effective treatment for hay fever. Sprayed into the nostrils, this powerful astringent constricts the capillaries, arrests the nasal discharge; minimizes cough, headache and other reflex symptoms; hastens the resumption of natural breathing, and secures for the patient a marked degree of comfort.

ADRENALIN CHLORIDE SOLUTION.

For spraying the nose and pharynx (after dilution with four to five times its volume of physiologic salt solution).

Supplied in ounce bottles, one in a carton.

ADRENALIN INHALANT.

For spraying the nose and pharynx (full strength or diluted with three to four times its volume of olive oil).

Supplied in ounce bottles, one in a carton.

Home Offices and Laboratories,
Detroit, Michigan.

PARKE, DAVIS & CO.

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"Why" and "How"



Although pharmacologists are not yet agreed on the "why" and "how" of the good influence of creosote in the treatment of lung infections, clinicians are agreed that creosote is of great value in the treatment of many lesions of the lungs other than bronchitis, especially acute infections.

The problem which the clinician has had to solve is how could he give a sufficient quantity of creosote for an indefinite period of time without provoking untoward effects.

CALCREOSE is a creosote product which can be taken in large doses for a long time without causing gastric irritation or distress.

CALCREOSE is a convenient form of creosote medication. The dosage is accurate and easily controlled.

CALCREOSE is not a specific, but it is a valuable adjunct to the treatment of pulmonary infections, especially mixed infections.



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PRICE LIST

Calcreose Powder.	Per pound, \$3.00
Add to one gallon of water	
Calcreose Solution.	Per gallon, \$3.50; per pint, 60c
Calcreose Tablets, coated brown,	4 grs.
100, 40c; 500, \$1.60; 1,000, \$3.00	
Calcreose Tablets, salol coated.	
100, 45c; 500, \$1.85; 1,000, \$3.50	
Calcreose No. 2 Tablets, coated yellow; Calcreose	
4 grs.; Iron, reduced, ½ gr.; Arsenic Trioxide,	
1/150 gr.; Strychnine, 1/150 gr.	
100, 45c; 500, \$1.75; 1,000, \$3.25	

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Sign and send to
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Gentlemen:—Please send me samples of Calcreose
Tablets and Calcreose Powder.

Dr. _____

Street _____

City _____ State _____

that in a mixed diet wheat may be entirely replaced, without harm, by other available cereals, namely, rice, barley, oats, and corn. However, we should not recommend this except as an emergency measure.'

"The committee's particular reason for not recommending this, apart from the fact that wheat is perhaps the most convenient cereal for use because of its special qualities connected with the making of bread in loaves that will stand up and remain sweet and palatable for several days, is that going without wheat would be a psychological though not physiological deprivation. We are accustomed as a nation, just as most of the nations of Europe are, to the use of wheat bread, and a sudden break in our custom would have for some people a psychological significance more or less disturbing.

"However, if these people could well understand the emergency leading to the change, and then could recognize that they are aiding their country in the great emergency by making the change, this psychological disturbance would be much reduced.

"Exactly this condition of a great national emergency, to meet which the loyal and patriotic efforts of all the people are needed, is the condition of today. It is only because of this great national emergency that the food administration makes use of this deliberate judgment of the physiological experts called in for advice.

"Even under these circumstances, it is recognized that because of economic and commercial reasons, not all of the people of America can go without bread based on wheat, but it is certain that a great many people in this country can easily do so. It is the belief of the food administration that, for the sake of maintaining the wheat-bread supply for the armies and civilians of our fighting associates in the war, as well as our own soldiers in France, *every patriotic American who can possibly do so will be glad to dispense entirely with wheat from now until the next harvest.*"

We feel that it is only necessary to publish this statement from Mr. Croxton, who is doing a wonderful work in the field of food conservation, to bring to his active support every member of the Association. It is our patriotic duty. Throw the weight of our profession into this campaign.

INDORSES PARAFFIN PAPER

Editor *The Journal*: I note with approval the suggestion of Drs. Elwell, Harpster and Campbell, in your current issue of June, as to the desirability of paraffin paper in burns and non-infected wounds. I have used this method for about five years, and I can endorse all that our colleagues have said about it.

Dr. C. A. Prudhomme.

Cleveland, June 11.

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Q Excellent laboratories and facilities for research and advanced work.

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Q Session opens Sept. 26, 1918; closes June 12, 1919. Tuition, \$150.00.

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1353 East 9th St., Cleveland



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To avoid inferior substitutes and imitations.

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Samples sent upon request

Horlick's Malted Milk Co.
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This is the package
Avoid Imitations



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In view of the important and different systemic effects of the sodium and potassium salts in the diet of the infant, we have prepared Mead's Dextri-Maltose (malt sugar) for infants in two forms as follows:

DEXTRI-MALTOSE No. 1

(with Sodium Chloride 2%)

For use in ordinary feeding cases.

DEXTRI-MALTOSE No. 3

(with Potassium Carbonate 2%)

For use when constipation is present,
 also in marasmas.

MADE FOR PHYSICIANS' USE ONLY

Trade packages contain no directions for use.

Used in either case in the same proportion by weight as any other sugar

MEAD JOHNSON & CO., Evansville, Ind.

NEWS NOTES OF OHIO

Ashtabula—Dr. Frank L. Sargent was seriously ill with pneumonia in June.

Adamsville—Dr. Willis C. Kinner has moved from this village to Columbus.

Lancaster—Dr. S. C. Caldwell has resigned as physician at the Boys Industrial School.

Akron—Dr. Daniel C. Brennan, who has been ill with diphtheria, is reported convalescent.

Norwalk—Dr. M. L. Battles has been appointed county physician to succeed Dr. W. W. Lawrence.

Lima—Dr. Albert H. Herr is a candidate for lieutenant governor in the Republican primaries.

Beaver—Dr. R. C. Bingaman, formerly of this city, is now located in Colorado Springs, Colorado.

Cohocton—Dr. L. C. McCurdy has resumed his practice after returning from a winter in the south.

Springfield—Dr. and Mrs. J. H. Rinehart are receiving congratulations over the arrival of a baby boy, May 15.

Marion—Dr. Herman Rhu fractured his right arm and dislocated his right wrist while cranking his automobile, March 19.

Xenia—Dr. Delmer Dice, son of Dr. and Mrs. J. P. Dice of this city, died in Hollywood, California, May 22, of diabetes.

Warren—Friends of Dr. Purdy Sanford Bailey, a former practitioner of this city, have received word of his death in Fort Bayard, New Mexico.

Miltonsburg—Dr. William Johnson's right arm was badly fractured, May 13, near Lore City, when his machine skidded and overturned, pinning him beneath it for several hours.

Cincinnati—Dr. George W. Crile of Cleveland, was elected first vice-president of the American Surgical Association at the annual session of that organization held in this city, June 8.

Byesville—Dr. William Williams, who moved to this city from Caldwell six months ago, has located in Akron, where he is connected with the medical department of the Goodyear Rubber Co.

New Philadelphia—Dr. J. W. Taylor of Glen Elder, Kansas, has moved to this city to take over the practice of Dr. H. A. Coleman, now a major in the United States Medical Corps and stationed in Hawaii.

Gallipolis—Dr. and Mrs. George Vanden, who have been spending the past year in Southern California, have returned to Gallipolis where Dr. Vanden will resume his practice of eye, ear, nose and throat.

Columbus—Dr. Thomas H. Haines of this city,

THE CHECK THAT COMFORTS

Physicians Casualty Association
of America.

No. _____

Omaha, Nebraska, July 11, 1918.

NOT OVER FIVE THOUSAND DOLLARS

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Omaha, Nebraska, July 11, 1918.

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OMAHA, NEBRASKA

Sec'y-Treas.

Dr. Samuel A. Johnson, Springfield, Mo., in good health and life expectancy, fell under an axe blow from an insane patient. Death followed in a few hours.

The \$5,000 promptly paid to his widow by the P. C. A. had cost the insured \$95.00.

Dr. R. C. Knode, Scotts Bluff, Neb., while driving through a sandy stretch of road, lost control of his car, was thrown out and instantly killed.

The P. C. A. promptly paid the widow \$5,000, which had cost the doctor a total of \$26.00.

Dr. W. R. Wall, Cleveland, Ohio, was driving on an oiled boulevard when his car skidded and "turned turtle," killing the doctor instantly.

He had paid the P. C. A. a total of \$103.00, for which his widow received \$5,000.

None of these doctors had any more reason to anticipate death by accident than you have now, but doubtless the amount paid to the P. C. A. proved the wisest investment they ever made. In sixteen years the cost has never exceeded \$13.00 per year.

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SIOMINE contains 78.5% of iodine.

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representing The National Committee for Mental Hygiene, has become scientific advisor of the Mississippi Mental Hygiene Commission, with offices in Jackson.

Youngstown—Drs. Richard R. Pettigrew, E. Henry Jones and David J. Jones have announced their intention of entering the Republican primaries for the office of county coroner. Dr. E. Henry Jones is the present coroner.

Cincinnati—At a meeting of the Social Hygiene Society, May 27, Dr. E. W. Mitchell was elected first vice-president; Dr. Ruth E. Bernheim, second vice-president; Dr. Elizabeth Campbell, secretary, and Dr. C. J. Broeman, treasurer.

Ohio City—Dr. Elmer E. Zolman has secured a reciprocity certificate from the Californian State Medical Board and will shortly move to Southern California. Dr. Zolman has sold his practice to Dr. J. R. Wiggers of Zeeland, Michigan.

Fremont—Among the bequests made by the late Dr. Martin Stamm was the sum of \$2,000 to a local library for the purchase of medical books. His medical library was given to the Sandusky County Medical Society, of which he was the founder.

Cincinnati—Dr. Leon Goldberg, member of the resident staff of the Jewish Hospital, suffered no ill effects following the transfusion of a pint of his blood to a 13-year old patient at the hospital, April 16. The patient has shown decided improvement.

Canton—Physicians of this city have adopted an increased fee schedule. The new schedule, which became effective June 1, includes the following minimum prices: Office calls, \$1.00; day calls, before 8 p. m., \$2.00; night calls, after 8 p. m., \$3.00; obstetrical cases, \$20.00.

Massillon—As a result of an investigation conducted by the state narcotic inspector, Dr. William Steele, on May 16, was fined \$25.00 and costs for illegally selling morphine, and \$50.00 and costs for using the wrong registration number on prescriptions. His license to buy and prescribe narcotics was revoked.

Columbus—Members of the General Practitioners Medical Society were addressed by Dr. Earnest Zueblin, professor of experimental and clinical medicine of the University of Cincinnati, on "The Transitory Qualities of Our Cardio-Muscular Stimulants and Means of Increasing Their Therapeutic Efficiency," May 23. The subject was discussed by Drs. J. H. J. Upham and R. A. Ramsey of the department of medicine of Ohio State University.

Dr. Samuel Iglauer of Cincinnati, was one of the organizers and a member of the executive committee of the Clinical Association of American Peroral Endoscopists, which held its first annual meeting recently in Philadelphia.

The Eclectic Medical College

CINCINNATI, OHIO

Chartered: 1845.

Admission to the Freshman Class: Certificate of the Ohio State Medical Board, fifteen units plus two years of college work, which must include one year in physics, chemistry, biology, English, and any other one modern language. This pre-medical course can be taken preferably at Miami University, Oxford, Butler County, Ohio (39 miles from Cincinnati), or at any other recognized college or university.

Session: The 74th annual session begins Sept. 12, 1918, and continues eight months.

Tuition: \$120 per year; matriculation fee, \$5.00.

Building: New (1910) six-story building at 630 West Sixth Street.

Clinical Instruction: Seton Hospital Dispensary, Health Department and Tuberculosis Hospital, Seton, Longview and Cincinnati General Hospital (850 beds).

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¶ Requires for admission the completion of the regulation four-year high school course and two years of recognized college work. This college work must include one year of **Inorganic Chemistry**, one year of **Organic Chemistry**, one year of **Physics**, one year of **Biology**, (each with laboratory), one year of **English** and two years of college work in, or a satisfactory reading knowledge of, one of the following foreign languages: **French, German, Italian or Spanish.**

¶ Offers in connection with the College of the University a six-year combined collegiate and medical course (degrees of B. S. and M. D. in six years) for which the entrance requirements are four years of recognized high school work or its equivalent.

¶ Provides instruction in a thoroughly equipped new laboratory building on the University campus, and in small sections in affiliated hospitals.

¶ Thirty-third annual session begins September 23, 1918. Applications should be filed with the Secretary before August 1, 1918.

¶ **OGDEN MATHIAS EDWARDS, Jr.,** B. S., M. D., Dean.

¶ **E. DEXTER POOL,** Secretary.
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We have the correct outfit. Particularly we would emphasize that we have the correct rubber tubing which is made specially for us.

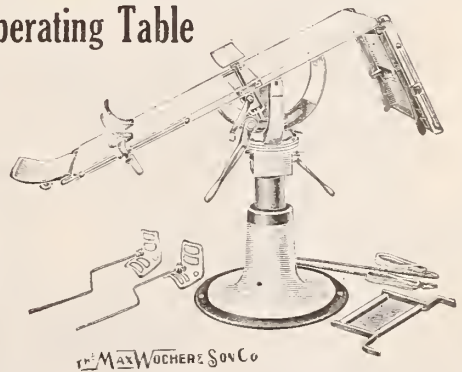
Refer to Dr. Sherman's article, Surgery, Gynecology and Obstetrics, March, 1917, on The Carrel Method of Wound Sterilization

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Surgical Instruments Hospital Furniture
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Prepare to Act Quickly in Cases of Suspected Rabies, Health Department Advises

The importance of avoiding delays in the diagnosis and treatment of rabies is urged upon Ohio physicians by the State Department of Health. Every physician is advised by the Department to do the following things:

1. *Send in heads of dogs suspected of rabies by special messenger rather than by express.*

2. *Be familiar with names of manufacturers in this section of the country from whom Pasteur treatment can be obtained.*

3. *In all suspicious cases begin treatment as soon as possible, without waiting for reports on laboratory examinations.*

In a recent case in Ohio, in which a child died after being bitten in the face by a rabid dog, treatment was delayed until six days after the victim was bitten. The head of the dog which attacked the child was forwarded to the health department laboratories by express and was nearly two days on the way. A positive report was returned by telegraph on the third day. Material for the treatment was obtained on the fifth day, after the State Department of Health had informed the physician where it could be procured, and treatment was begun on the sixth day. The child developed symptoms of rabies three

weeks later and died.

"It is practically certain," says the health department, "that greater haste would have saved this child. The physician in the case was not negligent, but was unfamiliar with rabies, this having been his first case of the disease."

Sending the suspected dog's head to the laboratory by messenger will, according to the department, save a day or two in transportation.

Making up a list, from advertisements in the medical journals, of manufacturers of the treatment and ascertaining which can give the quickest service in the physician's locality may, it is pointed out, be the means of saving a life at some future time when need for quick action arises. Incidentally, this will relieve the department of the necessity for making recommendations which may lay it open to charges of favoring certain manufacturers.

If treatment is begun early, in accordance with the department's third recommendation, and the suspected animal is later found to be free from infection, treatment can be discontinued without ill effects.

The health department calls special attention to the fact that its division of laboratories does

The Chicago Polyclinic and The Post-Graduate Medical School of Chicago

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Offer the Following Courses:

CLINICAL INSTRUCTIONS in all departments of medicine and surgery. Clinical and Personal Courses in Eye, Ear, Nose and Throat.

SPECIAL PERSONAL COURSES in Surgery and Gynecology (operating room work included). Operative and Experimental Surgery on Cadaver and Dog.

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Serums, Vaccines, Antitoxins and other Biologicals in complete assortment, stored under ideal conditions and handled by Pharmacists understanding their technical differences and therapeutic usages.

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Instructor in Roentgenology,
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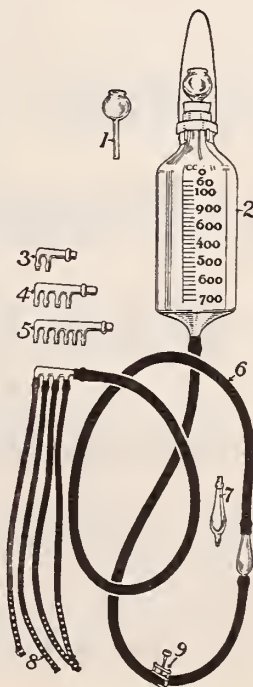
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not distribute outfits for rabies treatment. These must be obtained from private manufacturers.

It is pointed out that the rabies virus follows the nerve trunks to the brain, producing no symptoms until it reaches the brain. Therefore, in a general way, the closer the wound to the brain, the more rapidly the disease will develop. In the case referred to above, the incubation period was very short, the infection having entered through facial wounds. Hence delay was especially dangerous in this case.

Salvarsan Manufacture in U. S.

The Federal Trade Commission has granted orders for licenses to three firms to manufacture and sell arsphenamine, the product heretofore known under the trade name of salvarsan, patent rights to which have been held by German subjects. Provided conditions of the license are accepted by the firms, the following will be authorized to make and sell arsphenamine: Dermatological Research Laboratories of Philadelphia, Takamine Laboratory, Inc., of New York, and Herman A. Metz Laboratory of New York. The license stipulates that the name arsphenamine be used in connection with the trade name, that the product must be submitted to the U. S. Public Health Service for examination before sale, and reserves the right to fix the price. (Jour. A. M. A., Dec. 8, 1917, p. 1989.)

Noble County Fee Bill

Noble County Medical Society has published the most intricate fee bill that has come to our attention for some time. It was given wide publicity in the Noble County papers, over the signature of the 10 members of the society. Each division of medical practice is blocked out and definite fees suggested. Under the general heading, the following schedule obtains:

Single visit in town.....	\$1.50 to \$2.00
Two or more visits daily.....	\$1.00 to \$2.00
Visits in consultation.....	\$10.00 to \$50.00
Subsequent consultation, each.....	\$2.50 to \$5.00
Visits from 8 p. m. until 6 a. m.....	\$2.00 to \$3.00
Visits in country, or consultation, add to town fee mileage at .50 per mile, and in bad weather or bad roads add \$1.00 per mile for each mile or fraction.	
Necessary detention, per hour.....	\$1.00
Passing call in country.....	\$1.50 to \$2.00
Prescription in office.....	\$0.50 to \$5.00
Written opinion involving law.....	\$5.00 to \$25.00
Office call (examination and med.).....	\$1.00 to \$5.00
Testing urine (Chemical or microscopic).....	\$1.00 to \$3.00
Certificate of medical examination of family.....	\$3.00 to \$5.00
Vaccination, at office.....	\$1.00
Vaccination, at residence.....	\$1.50 to \$2.50
Complete examination of chest.....	\$3.00 to \$5.00
Lavage of stomach.....	\$2.00 to \$5.00

Obstetrical fees are placed on a graduated basis, with a minimum of \$15.00 for normal labor, and \$20.00 for protracted and difficult labor. The general fees for fractures, amputations and dislocations are practically the same as those proposed by the Industrial Commission of Ohio in workmen's compensation cases.

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And We Talk of Higher Education !

These truly are days of wonderful opportunity. A friend of ours—a student of fake advertising methods—some months ago answered the announcements of several mail order institutions which turn out chiropractors, mechanotherapists, psychical wonder workers, and other saviors of the human race. His object was to land on the "sucker list," which seems to be maintained by these institutions of learning, and to find out how far they would really go in order to catch his dollar. His experience with the American College of Mechanotherapy, 81 West Randolph Street, Chicago, presided over by one William L. LeBoy, M. D., is illuminating and typical.

First they offered to graduate him through a "complete correspondence course—diploma included" for \$100.00. This was to cover 30 lessons, "practical exercises designed to give the student exactly the same work which is done by experts practicing mechanotherapy," complete set of eight anatomical and physiological charts, beautifully lithographed, a diploma "on white art parchment with the name plainly written in," and several other side issues.

As he did not bite at the first bait they later offered to throw in a copy of Gould's DeLuxe Medical Dictionary which they point out contains "the name and dose of every drug and preparation ever used, a table of weights and measures, physicians' dose tables, table of bacilli, and even a veterinary remedies table."

Our friend was still coy so Dr. LeBoy's institution supplemented the previous offer by agreeing to throw in a complete course in psychic science which, it was pointed out, would be "invaluable to both the student and practitioner in mechanotherapy."

About this time the would-be victim was assured that if he was making less than \$5,000 a year it was time to get himself pulled together. The profession was urged as a means of easy work, short hours, and good pay, and one in which he would be his own boss.

The good Dr. LeBoy then started on a different track, evidently deciding that our friend lacked the \$100. First the cost of the course was cut to \$62.75. Now he offers the whole thing, for \$33.35, including the trimmings. He further agrees to accept a down payment of \$3.00.

Our friend is still hopeful. He is waiting further developments. He feels that in time he will be admitted to this wonder-working circle with a white parchment diploma bearing his name, for about \$3.00.

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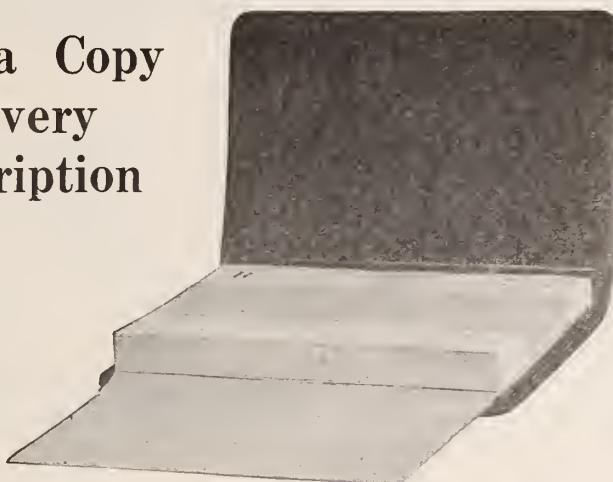
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Next Meeting of the State Association,
Columbus, Oct. 1, 2 and 3, 1918

Editorials

WHICH IS FOR YOU?

Appreciating the fact that the time has come when practically every physician in Ohio wants to have his military status determined, *The Journal* prints as a supplement this month, opposite page 484 two blank applications.

One is for membership in the Medical Officers Reserve Corps of the United States Army, and is intended for physicians under 55 years of age who are physically fit and otherwise qualified for military service.

The other is for the new Volunteer Medical Reserve Corps, recently authorized by the Council of National Defense.

The one is for the doctor who is ready to meet the nation's call for medical officers. That need is now greater than ever before. The other is for those men who, by reason of age, physical disability, dependency or essential need at home, cannot enter the army, but who want to be officially recognized as being willing to offer their services for such home work as their circumstances permit.

We believe that every member of this Association will fill out one or the other of these blanks, immediately, if he has not already done so.

Certainly, if you know that you cannot go into the Army, you should immediately apply for membership in the Volunteer Medical Service Corps. And, with equal certainty, if you know that you should enter the Army, your application should likewise be forwarded immediately to the Surgeon General.

MEDICAL OFFICERS RESERVE CORPS

It is not necessary to further explain the Medical Officers Reserve Corps. Every medical journal in the country has, for many months, pointed out the need for medical officers in the Army. This journal, particularly last month, printed full information concerning the corps. Executive Secretary George V. Sheridan at the Columbus office of the Association has pamphlets containing full information which will be sent on request.

VOLUNTEER MEDICAL SERVICE CORPS

The new corps, to which are eligible physicians who cannot enter active service, is being very rapidly organized in Ohio. This office has been besieged with requests for application blanks. Several meetings have been held in different sections of the state, to explain the pro-

visions of the new plan, and these have been well attended. In Columbus, for example, it was necessary to hold an overflow meeting.

The organization of the new corps is in charge of a committee of six, known as the Executive Committee for Ohio of the Volunteer Medical Service corps. This committee was appointed by the Council of National Defense, Medical Section, on recommendation of Chairman C. A. Hamann, of the Ohio Council. This committee is:

Dr. C. F. Clark, Columbus, chairman.
 Dr. T. A. McCann, Dayton.
 Dr. John C. Oliver, Cincinnati.
 Dr. C. N. Smith, Toledo.
 Dr. J. E. Cook, Cleveland.
 Dr. J. C. M. Floyd, Steubenville.

Executive Secretary Sheridan of the State Association, is secretary and executive officer of the new committee, and his office in Columbus will be its headquarters.

Under the plan formulated in Washington, membership in this new corps will be determined by the above committee. It is without question one of the heaviest responsibilities ever imposed on any group representing the medical profession—for, to at least some extent, the committee in acting on applications for the civilian corps, will determine which doctors should stay at home and which should enter the Army.

The writer has just returned from Washington. There the development of the Volunteer Medical Service Corps and the attendant classification of physicians into two general groups, is being watched with keenest interest. Men in closest touch with the inner circles of the Surgeon General's office, say that if this classification and consequent "smoking out" fails, the Surgeon General will be forced to resort to the medical draft—a thing to which he is greatly opposed.

In Washington they point out that the organization of the Volunteer Medical Service Corps is the means by which many men who are uncertain as to their obligation to their country may have their status definitely determined by a committee that has the official sanction of the United States Government.

There are many of these in Ohio. Some have dependents. Others are serving large communities that would be left with inadequate medical service if they should leave. Others occupy positions in hospitals and medical colleges which would be crippled by their departure. Still, they want to do the right thing, and are equally ready to go or to remain.

Prior to the establishment of the Volunteer Medical Service Corps, there has been no agency, official or otherwise, that could say to a given individual that he should go or should stay at home. The executive committee of this new corps will have practically that power. At least,

it will be able to deny membership in the home services corps (the V. M. S. C.) to the physician whom it feels could be spared and should be in active military service.

Very shortly, therefore, there will be two classes of physicians in Ohio: (1) those who wear either khaki or the official insignia of the Volunteer Medical Service Corps, and (2) those who do not.

As the public becomes better acquainted with the need of physicians in the Army, and the danger to the boys in the Army if sufficient physicians are not provided, the man in the second class will be in a rather serious position.

* * *

If you know that you should be in the Army, apply at once. The Surgeon General has just advised us that the reserve force is entirely exhausted, and that they haven't enough men in training to meet the need. In the emergency, he has cut the Army training course from three months to six weeks.

If you are past Army age (55) or have been rejected by the Army, or if you are physically unfit for Army service, you will be immediately commissioned in the V. M. S. C.

If you feel that you are needed at home, or cannot leave by reason of dependency, APPLY AT ONCE for V. M. S. C. The committee will act on your case immediately and will make an immediate report to Washington.

This committee will view each case sanely and honestly. Its members realize that all doctors cannot enter service. It realizes that there are many essential home needs, and many cases where dependency keeps the doctor out of the Army.

All physicians commissioned in this V. M. S. Corps will be authorized to wear a badge officially approved by the Secretary of War, and will be given a parchment commission suitable for framing.

* * *

We have received hundreds of inquiries as to the V. M. S. C., and cannot attempt to answer all. There are two main points to remember:

(1) A commission in the V. M. S. C. does not mean that the member physician can be *ordered* to do a service. He can only be *requested*.

(2) All physicians are eligible who would be accepted for membership in the Medical Officers Reserve Corps were it not for age or physical condition.

* * *

Major McLean at Washington has met many other questions in the following statement:

1. *What is to be gained by the establishment of this organization?*
 - a. To list and classify the availability of all physicians not in the military service of the fighting forces. In this way we hope to be prepared for any possible call on

our medical resources in the future.

- b. To furnish designating insignia for all members of the Corps that they may be spared unjust public criticism. Physicians who can serve in the Army, the Navy or Public Health Service but will not offer their services will not have the right to wear such insignia.

2. *Who are eligible?*

All doctors of medicine who would be accepted by the Reserve Corps of the several services were it not for physical disability, over-age (55), essential public need (boards of health and the medical care of isolated communities), essential institutional need (medical schools and hospitals), or dependents. Women physicians are eligible.

3. *How shall I apply for membership?*

By SENDING your application to the COUNCIL OF NATIONAL DEFENSE, MEDICAL SECTION, WASHINGTON, D. C. Application blanks may be obtained from this board or from any member of the Executive Committee of the Ohio Council of National Defense, Medical Section, or from Executive Secretary Sheridan at the Columbus office, 131 E. State St.

4. *Who will determine my eligibility?*

State your qualifications on your application blank and submit three letters of recommendation. The application will be reviewed by the Central Governing Board and the Ohio Executive Committee. Final action will be taken by the Central Governing Board at Washington, on recommendation by the Ohio committee.

5. *How will a disability be determined?*

If you have been rejected for membership in the Reserve Corps on account of a physical defect present your letter of rejection; otherwise apply for examination to a member of the Executive Committee or to any one he may designate.

6. *What designation will be given me?*

The badge of the Volunteer Medical Service Corps which may be secured at a nominal price.

7. *Does membership in the Corps carry with it rank and pay?*

The Corps itself gives no rank. Arrangements may be made between a member and the agency REQUESTING service. The question of compensation, whether with or without rank, must be determined at that time.

8. *When the services of a member are called for, is he to go where ordered, whether in or out of this country?*

No member will be ordered to do any service. He may be REQUESTED to accept serv-



This insignia for the corps has been designed and passed upon by the Council of National Defense, and the buttons will shortly be ready for distribution. The design

is an openwork shield with the medical caduceus and wings, surmounted by the letters V. M. S. C.

ice commensurate with his qualifications and availability.

9. *What service will probably be assigned to members?*

The future only can tell. However, General Blue of the Public Health Service has already requested the names of a number of men available for duty as sanitary officers. Names were sent him and definite arrangements were made between him and these members of the Corps. The organization will have information from the application blanks which will enable them to suggest substitutes for various places (hospitals, colleges, boards of health, or isolated communities) needing physicians for the period of the war.

10. *If later I find I may apply for and receive a commission, will I lose my membership in the Volunteer Medical Service Corps?*

Automatically, by notifying the Central Governing Board that you have accepted a commission and are then in the Medical Reserve Corps.

11. *Who is essential or indispensable in college, hospital, board of health, or isolated communities?*

Only he who occupies a position essential to the needs of a community and his place cannot be filled by a physician who is ineligible for military service.

12. *Is the physician of selective service age, who has been exempted because of dependents, eligible?*

No, unless his dependents are of such number that he cannot keep them on an officer's pay.

13. *How can it be determined that a man's dependents are of such character that he cannot keep them on an officer's pay?*

This is a most delicate situation and must be decided with discretion and judgment by those charged with such affairs by the board. Precise data must be furnished by the applicant.

Infection of the Female Genital Tract; Its Relation to Arthritis*

Lieut. E. C. Steinharter, B. S., M. D., M. R. C., Cincinnati, Ohio

Attending Gynecologist to the Cincinnati General Hospital.

IN a previous paper¹ I pointed out that when the staphylococcus pyogenes of proper grade of virulence was introduced into the general circulation of the rabbit or dog it was apt to localize in the joints of these animals and produce typical lesions of arthritis. The organism recovered from the arthritic lesion had a decided tendency to localize in joints. In some cases the arthritis was the only lesion found at autopsy but in other cases it was associated with one or more other lesions, namely duodenal ulcer, appendicitis, cholecystitis, nephritis and myositis. In this paper I wish to present the histories of two cases of arthritis in the human being in whom it appears that the joint symptoms were due to a primary staphylococcus focus in the female genital tract.

Case I. Mrs. S., age 52, has been troubled with tenderness, pain, stiffness and slight swelling of the joints for the past two years. The knees, hips, hands and wrists have been at various times involved. Her discomfort fluctuates in intensity but never entirely disappears. It seems that at times it is accompanied by fever. Of late the pain in the left wrist and over the sacrum has been unusually severe. Except for a procidentia which was relieved by pessary treatment, about two months before onset of the joint disturbance, the patient had been in good health for years prior to present condition. Since wearing the pessary she has noticed a thick yellowish vaginal discharge that gradually has become quite profuse. The pessary, she states, has at no time been removed since the first insertion and now she has become somewhat anxious about it because of the leucorrhoea.

The physical examination reveals a F. W. D. & N. woman. All the teeth are out; the tonsils are small and clean; the chest and abdomen are negative. Only the joints of the fingers show any deformity, but all the joints of the extremities and also the sacro-iliac joints are tender to the touch. The tenderness seems to be greatest in the left wrist and left sacro-iliac joints. Vaginal examination shows a profuse yellow muco purulent discharge. A tightly fitting hard rubber ring pessary presents just within the introitus. The tissues are atrophied about the pessary and make its removal in toto impossible. With the patient under anesthetic the pessary was cut in two by means of a gigly saw and then the separate fragments were removed. Speculum examination then revealed in the posterior fornix an erosion the size of a five cent piece and of considerable depth; it was bathed in pus and culture of the pus yielded a growth of staphylococcus in pure culture. Under local treatment the vaginal dis-

charge ceased and the erosion healed. Coincidentally the joint symptoms diminished and in a short time disappeared without any recurrence.

Case II. Mrs. J. A., Case No. B768 E. gynecological service, Cincinnati General Hospital. My thanks are due to Dr. J. M. Withrow for the use of this history.

Patient is 22 years of age, married five years. F. H.—Unimportant. P. H.—Two children, ages four and three, both normal births. Menstruation began at 14, was always regular except for amenorrhoea incident to pregnancy and lactation. For past five months she has had a profuse leucorrhoeal discharge but in all other respects she has enjoyed excellent health for years. P. I.—Inasmuch as patient had skipped two periods she considered herself two months pregnant when on the evening of January 27 she aborted. (She positively denied any voluntary attempt at interfering with progress of pregnancy.) The next day her physician examined her. On the morning of the 29th, i. e., 36 hours after the abortion, she felt feverish and thirsty. Herpes had appeared on the lips and chin and the right wrist had become red, tender, swollen and painful. She was admitted to the hospital on January 31.

Physician examination reveals a F. W. D. & N. woman P 120, T 103, R 34. Herpetic lesions are numerous on lips and chin; tongue is dry. Teeth and tonsils are negative. The chest is negative. The abdomen, too, is negative except for a tender mass in the pelvis which bimanual examination proves to be the uterus enlarged to the size of about a three months' pregnancy. The external os of the cervix is patulous and a small piece of placental tissue protrudes from it into the vagina. The extremities are negative except for an acutely inflamed right wrist.

Cultures made of the uterine cavity in ascitic-dextrose broth yielded staphylococci and a small number of bacilli. Cultures of the blood yielded staphylococci in pure culture. Under treatment of emptying the uterus and intrauterine irrigations the pelvic condition gradually cleared up, the herpes disappeared, the general condition of the patient improved and the inflammation of the right wrist subsided.

Meanwhile the various other joints became successively involved in the order of the left wrist, right shoulder, left shoulder and left knee. The left knee enlarged four inches in circumference. The joint fluid aspirated from it was cultured but showed no growth. In course of time all the joints cleared up and with the disappearance of the arthritis the normal function of the joints returned.

* Read before the Surgical Section, Ohio State Medical Association, in annual session at Springfield, May 14, 1917.

ANIMAL EXPERIMENTS

The centrifuged sediment of the 24-hour old ascites dextrose broth culture of the blood of Case II was suspended in 30 cc. of saline and the emulsion thus formed was used for intravenous inoculation into two rabbits. The following are the protocols:

Rabbit A. One-half grown received $\frac{1}{2}$ cc. of the emulsion by marginal vein of ear. About 48 hours after the injection the rabbit appeared lame but otherwise seemed normal. It was killed with a blow on the head. Necropsy: The knees are much swelled and injected. The joint fluid is increased in amount. The kidneys show an acute nephritis. The small bowel is ulcerated in one small circumscribed area. Culture of the knee yielded staphylococcus in pure culture. Culture of the heart's blood was negative.

Rabbit B. Two-thirds grown, was injected intravenously with 1 cc. of the bacterial suspension prepared as for Rabbit A. About 60 hours later the animal appeared very lame. Necropsy shows the knees to be very much enlarged and injected. The joint fluid is greatly increased in amount and turbid. All other structures and organs appear negative. A smear of the joint fluid shows numerous phagocytic cells of varying size and shapes and full of bacteria (cocci). Cultures of the joints and heart's blood in ascites dextrose broth and on agar yielded no growth.

The two clinical histories given above, representing an acute and a chronic condition, serve to illustrate a most probable casual relationship between a pelvic infection and an associated arthritis. Taken by themselves they may mean little but when considered in connection with other similar cases and with experimental arthritis they gain in significance.

It is almost universally accepted that the oral cavity is a great portal of entry for microorganisms into the general circulation. In the light of what is known of systemic infections secondary to foci of teeth and tonsils, it seems that the genital tract, too, might often be the avenue for invasion of organisms into the blood stream. Acute general infections through the genital tract, such as may follow an induced abortion or labor is a well recognized condition; but systemic infection from a chronic or subacute process of the genital tract has received very little attention.

Though the normal vaginal and cervical mucosa and endometrium are supposed to be free of pyogenic bacteria, the vagina and cervix which has become diseased, as in the case of an infection by the gonococcus of Neisser, quickly loses its capacity of freeing itself from pathogenic organisms. In an extensive series of examinations made by Dr. Flora Pollack² of Johns Hopkins it was found that the vaginal secretions of women

who were treated for gonorrhea contained the pyogenic staphylococcus in the majority of instances, and Curtis,³ in an bacteriological study of purulent leucorrhoea, found in the discharges a variable flora consisting of bacilli and cocci. I may add that in a very limited number of cases showing purulent leucorrhoea and in which I made cultures of the secretions of the cervical canal I found the staphylococcus present in about 40% of the examinations.

Besides gonorrhoeal infection there are other conditions that predispose to leucorrhoea. Among these are lacerations, displacements, changes in the cervix, infections complicating pregnancy, inflammation of the adnexa and inflammation of the vaginal glands. When it is considered that in a certain number of these cases the leucorrhoeal discharges are loaded with bacteria of potential pathogenicity it does seem that under favorable circumstances besides those that have been mentioned in connection with induced abortion, for instance, during the various stages of menstruation, during gestation, following pregnancy or in the presence of a cervical erosion, the organisms of the genital tract might enter the general circulation and set up a metastatic focus at some distant point.

CONCLUSION

It was through an erosion of the cervix in the first case that a staphylococcus organism most probably gained entrance into the system and then localized in the joints. In the second case the systemic infection and arthritis was secondary to what seemed to have been a spontaneous abortion in a woman suffering from a purulent leucorrhoea. The staphylococcus pyrogenes isolated from the blood of this patient produced acute arthritis when injected into the general blood stream of the rabbit.

REFERENCES

- ¹ Boston Medical & Surgical Journal, July, 1916.
- ² Pollack, —Gyneology and Abdominal Surgery, Kelly & Noble, p. 58.
- ³ Curtis—Etiology and Bacteriology of Leucorrhoea. Surg. Gyn. & Obs., Vol. 18, pp. 299-306.

FOR SALE DWELLING—OFFICE—PRACTICE

Eight-room brick dwelling (Columbus) with 4-room brick office attached. House and office heated with instantaneous hot water heater and winter's fuel supply in cellar. Gas, electric light, floor plugs; house newly decorated; hard wood floors downstairs in house; tile floors in office. Brick garage absolutely perfect, electric light, gas, hot and cold water. Two automobiles in good condition.

Will sell house and office furnished and fully equipped. A big practice with introduction if buyer comes soon enough. Just the place for a man who wants a good practice in a good city. Purchaser should be one who is not eligible for general military duty. Long time mortgage accepted as part payment. Reason for selling—going into the service. Address M, care *The Journal*.

Hospital Standardization*

Captain H. K. Yaggi, M. D., F. A. C. S., Salem, Ohio

BEFORE discussing the subject of Hospital Standardization as it confronts the American institutions and the profession today, let me briefly review the work that has been accomplished up to the present.

During the past ten or twelve years much has been written and accomplished on the subject by the American Medical Association and the American Hospital Association. However, not until the year 1913 was any definite program contemplated, in which year the American College of Surgeons was founded. However, at that time the project could not be taken up definitely, as the Board of Regents turned their attention first, to a strong credential committee for the organization in each state of the Union, as well as the provinces of Canada; second, to the establishing of the college on a firm financial basis.

These objects having been attained by the college, the Board of Regents then asked the members of the college to elect committees from their own number in the various states, selecting men most thoroughly versed and most aggressive on this subject. The object of these committees was not only to guide, but also to put into effect the standardization of hospitals. The college planned to have the various committees meet and exchange their ideas and report their progress in the work, but this plan was frustrated by the precipitation of the World's War until during the month of October, 1917, when a joint meeting was held in Chicago, composed of members from the various committees of the states, as well as sixty of the leading superintendents of the various hospitals of the country.

At this meeting, various subjects were discussed by men of note and especially do I wish to mention the name of one who perhaps has given the subject more thought, and who has had a greater personal knowledge through his vast travels and visitations to our institutions, of the type of work that is being done, as well as the intimate knowledge which he is able to obtain through the record cases which are submitted to him for admission to Fellowship in the American College of Surgeons. I refer to John G. Bowman of Chicago, director of the American College of Surgeons. At the close of this meeting, as stated before, much progress had been made. However, before any "minimum standard" could be adopted, the committee deemed it wise to make a general survey of all hospitals, sanitariums and health resorts in the entire continent.

The committee was again asked to meet during the month of December, at Washington, where a definite questionnaire was to be formulated. This

questionnaire was to be placed in the hands of every hospital superintendent and president of the board of trustees or head of any health resort. These were likewise to be sent to every fellow in the American College, and at the present time, I believe, they are in the hands of everyone whom the joint committee decided should have them. After these questionnaires have been filled out by the various heads of the hospital organizations, they are to be returned to the central committee to be thoroughly investigated and discussed, and then a "minimum standard" will be adopted by the American College of Surgeons, which organization has now become a definite, stalwart power in the medical and surgical profession of our country.

Now let us for a few moments direct our thoughts to what confronts us. I refer to those of us who are associated with hospitals located in smaller towns and cities.

During this world crisis, we are approaching a standardization which is evident to us in the building of our Army and Navy as well as the wonderful medical corps. The great crying need of the hour is standardization in all departments. The lessons we have learned from our allies by their failures, were those of the lack of standardization. The apparent victories gained by our enemy are all due to standardization in all departments.

The medical and surgical profession today are making the most rapid progress in their history. The watch-word of our progress is "standardization." This war will bring about a great revolution in our institutions and will bear fruit from the seed that has already been sown by the American Hospital Association, the American Medical Association and the American College of Surgeons.

It now behooves us, I refer to those particularly in the smaller hospitals, to "gird our loins," and when this great work begins we shall not be found wanting. Standardization of hospitals is not meant simply for the larger institutions of our land; it reaches out into smaller cities and towns. The question we ask ourselves is, "Is it possible to bring them up to the minimum standard as mapped out by the College?" The answer comes, "Yes, absolutely."

In my judgment there is no reason why a small institution should not and cannot do scientific work. The standard of a hospital in a community is what the medical profession, the superintendent and the board of trustees will make it. In fact, an institution is judged by the medical profession which supports it and is associated with it.

Let us now take for granted that we have a hospital in our community. Let us discuss ways

*Read before the Union Medical Association of the Sixth Councilor District, Canton, Ohio.

and means by which our institution may be brought to a high standard. As I stated before, the duty devolves or the duty rests almost entirely upon the profession of the community. After once recognizing this responsibility, we must expect from the very outset, opposition even within our own profession. This, however, should not discourage one who is in love with his work, and whose object and aim is to give to humanity thorough, scientific work. In turn, he should direct his enthusiasm and his energies toward the board of trustees.

Usually the board of trustees is composed of a body of successful business men who know the value of standardization in their own factories and places of business, and who, in turn, are able to follow the outline of the medical profession whose soul object should be that of giving the patient the best that modern medical and surgical science have to offer for his comfort and restoration to health. This does not necessarily mean the profession proclaiming the gospel from the house-tops, the street-corners, or in mass meetings; but in a quiet, sincere, enthusiastic manner, it may be done at intervals when opportunities best present themselves. This, together with the end results which he may be able to accomplish in his work, will in turn draw the board of trustees into closer relationship with the profession. It will make them feel personal responsibility, which every trustee of an institution should feel. There should be a close relationship between the staff, the superintendent and the board of trustees.

The profession should be compelled to report from time to time their successes as well as their failures, explaining the latter and profiting by them in the future. It is appalling to those of us who are in a position to know the amount of useless suffering that is brought on by gruesome, needless surgery, done by unqualified men, which, in many cases, is known to exist by the superintendent and unknown by the board of trustees. The time is not far distant, we predict, when the board of trustees will have to know the character and quality of work that is being done in their institution. The time is not far distant, we hope, when the physician, who wishes to place patients in their institution will be compelled to have the necessary qualifications and training before being admitted.

All will have to learn, as many have already, that a financial deficit at the end of a year is more commendable than a deficit of obligations to its patients.

Both the superintendent and the board of trustees should be in a position to know whether the patients in their institution are getting the proper treatment. It should be the duty of the medical and surgical staffs of our institutions to keep the superintendent and the board of trustees in close touch with conditions. If most superintendents and boards of trustees are shown

wherein they have failed tremendously in the prime object of their institution, I am satisfied that the treatment of the patients will be materially improved.

RECORD KEEPING

Is it not true that in every experimental science, a thorough, complete record is made of every test and everything of interest accomplished? If this system is adopted in our most successful institutions, is it not sufficient recommendation for its value and need, when applied to our surgical and medical treatments? Do we not realize that every time we perform an operation or prescribe a course of treatment, it is nothing more than a scientific experiment?

Therefore, is it not just as important for us to keep accurate tally of the various important features, of the various findings, complications and end results, which occur in our every day routine? The time has come when each and every conscientious physician and surgeon should be willing to acknowledge facts and record them for what they are worth.

Let me state three reasons why accurate records should be kept of all our cases: (1) For the benefit which science may give to the patient and to the physician; (2) for practical purposes, for instance, if a patient has been in the hospital before for treatment, we may be able to learn from the records for what he was treated, the course pursued and the final results obtained; (3) for medical legal purposes, which are especially valuable in case of damage suits against the physician or the institution, and also in case of accidents or crime. We might add the fourth, which is that the institution, by perusal of its records, may in many ways increase its efficiency.

Unfortunately, perhaps in 75 per cent. of the institutions in this country, large and small, the records as they are kept are practically valueless. Only such records as are necessary for statistics or for financial purposes are kept—the patient's name, his address, social standing and the name of the relative or friend responsible for his or her bills are recorded.

In 75 per cent. of our institutions, no examinations are made on admission of the patient; no diagnosis and no family history is recorded. This hap-hazard method is doomed to fall in the near future. Many a catastrophe results from this careless method, because of the admission of some acute contagious case in the midst of other patients. The failure of a complete history and diagnosis on admission spells inefficiency and carelessness.

A large percentage of our hospital records, if perused today, would show nothing more than the above mentioned, together with the nurse's notes, temperature record, pulse rate, respiration, and defecations. No true physician or surgeon who is thoroughly scientific will permit such a condition to exist in the institution with which he is associated.

LABORATORY DEPARTMENTS

The success or failure of an institution, in my judgment, depends not on the balance on hand or the deficit or the number of operations performed, but entirely on the type of scientific work done.

Scientifically equipped laboratories are as essential as thoroughly equipped operating rooms. It is true that at least 75 per cent. of all cases taken to our hospitals require laboratory aid to complete or substantiate our diagnoses. It is my belief that an institution where the scientific diagnosis laboratories are not used, is destined to fall. It is this branch of our institution that will bring us to the high standard which the American College is now hoping to establish.

It is true that the average practitioner and surgeon is unable to devote the time necessary for this special work. It requires a man qualified and familiar with the technique and in constant practice to be able to use the laboratories intelligently. It is a very easy matter, however, in every community to find men who are especially qualified and trained for this branch of work—and by the co-operation of the profession this may be obtained in every institution, regardless of its size or location.

It has been my experience that practically all physicians, regardless of their location in town or country, are thoroughly familiar with the value and need of laboratory work in diagnosis. We have found in our short experience that patients who are suffering, are more than willing to accept our suggestion that it is best for them to spend a few days in the hospital where the exact condition of their disease may be worked out scientifically.

I wish to speak of the necessity of having in connection with every institution, large or small, an X-ray department. The profession in general, is familiar with its value in fractures. Rapid progress in this line has been made and today no surgeon who is doing a vast amount of surgery feels that he is doing his work thoroughly unless he has within his reach the aid of the radiographer.

The wonderful value of the fluoroscope cannot be over estimated in the reduction of fractures, in the nailing of hip joints, in gastro intestinal surgery, etc.

A thoroughly equipped X-Ray laboratory in connection with our institution adds to its success and reputation in the eyes of the laity. We recall that a few years ago, in the eyes of the laity, it was considered an absolute non-essential and an extravagance in ordinary fractures to use the X-ray.

Let me state here, that with the wide dispensing facts of medicine and surgery as now discussed in practically all the current magazines of our country, the laymen are fast becoming edu-

cated and know just how and where results may be best obtained.

DIETETIC DEPARTMENT

Let me now mention the need of a modern dietition in our institutions. By this, I mean one who has been especially trained in the science of dietetics. It is interesting to note the number of our universities which offer a special course for thorough training along this line, thus making it possible for every institution to secure the services of a trained woman for this department. No department of our institution, perhaps, receives as little attention as this branch of our science.

We must confess that the majority of us are content to go by the old special diet list, which is obsolete, and which our modern studies of metabolism and physiological digestion have proven to be worthless.

NURSES' TRAINING

In conclusion, let me make a few brief remarks regarding the training school for nurses. There should be established in every hospital a thorough course of training for nurses.

Here again, as stated before in regard to other departments, there should be close co-operation between the profession and the superintendent, as well as the board of trustees. Perhaps in no other branch of our institutions is more required of the profession than in the training of our nurses. The type of work done is not infrequently judged by the type of women we graduate from them.

In closing, let me quote the philosophy of David Warfield: "If there is anything in this world that you wish, think of it, dream of it, and it is yours." Let us apply this philosophy to the standardization of the hospitals with which we are associated so that when the questionnaire reaches the American College of Surgeons our institution will be placed in Class A and not in Class R.

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A Few Remarks on the Gall Bladder From a Surgical Standpoint*

A. Henry Dunn, M. D., Chillicothe, Ohio

THOUGH lithotomy and cataract operations were performed by the Asclepiadei and through operations of thoracentesis, nephrotomy and trephining of the skull are operations recorded as attainments of Hippocrates over 450 years before the Christian era, yet the performance of the first cholecystotomy was done only 39 years ago by Marion Sims.

Since the first cholecystotomy gall-bladder surgery has undergone a wonderful development. This is particularly true when we remember the insignificance of this operation compared to the delicate operations now performed on the biliary tract as an every-day procedure. Today, some, notably McArthur and others, perform cholecystostomy as a mere accessory operation for therapeutic purposes in gastric surgery.

Only 35 years ago Samuel D. Gross proudly quoted the pioneers in cholecystotomy in their order: Marion Sims, C. Kocher, G. Brown, W. W. Keen, Thos. Bryant, Lawson Tait, A. Campbell and J. Ransohoff of our own state. Today even cholecystectomy is performed almost daily by most operators.

No field of surgery has profited more by the frequent explorations within the abdomen than surgery of the biliary tract. No region in the body calls for more skill, judgment or responsibility than that of the biliary tract, especially if one finds adhesions and duct pathology.

The gall-bladder still remains one of the organs of the body that furnishes most obscure symptoms of dyspepsia, the cause of which is often only diagnosed by laparotomy. Yet, whereas dyspepsia is the most frequent mode of manifestation of gall-bladder trouble, the surgeons do not often have the patients seek their services for this complaint. It is usually biliary colic, jaundice or fever that brings the patient.

As we acquire more accurate methods of analysis, X-ray diagnosis and other methods of excluding gastric conditions, our number of simple gall-bladder dyspepsias seeking surgical relief is increasing. The great progress made in diagnosis can only be appreciated if we recall that not so many years ago, gall stones were diagnosed by the finding of stone in the stool or extrusion of pus and stones through the abdominal wall in the right hypochondriac region. Even colic and jaundice were not of sufficient significance up to the writings of Treasseau in 1860. Gall-bladder surgery then consisted in opening the skin abscess in the right hypochondriac region and liberating the pus and stones.

There are still many gall stone dyspepsias

treated daily with drugs, in spite of the fact that it has been repeatedly demonstrated that no drugs ever dissolved a gall stone in the gall-bladder. The various so-called cured cases that obtain their cures at Carlshad, still keep returning regularly for a cure as though new pathology developed after the last so-called cure. Fear of the knife largely in these cases, blinds the patient's judgment.

In the future as we demonstrate to the laity the futility of the waiting period in gall-bladder affections, they will have an ample opportunity to observe the nature of gall-bladder morbidity among their neighbors as they have at present in appendicitis, and the result will be early operability and great reduction in mortality.

The gall-bladder still remains the organ frequently pathologic, the pathology of which is often only diagnosed by exclusion of other conditions before operation or exploration, either on laparotomy or necropsy. This will necessarily remain so since the gall-bladder has such close neighbors and since it has not such characteristic ways of betraying itself as the heart by murmurs, the lung by rales, or the stomach by hemorrhage and X-ray findings.

Furthermore, many pathologic gall-bladders present no symptoms. This is proven very strikingly by the fact that so many unsuspected infected gall-bladders and gallstones are found at operative explorations and so many more at post-mortem examinations.

While mentioning the undiagnosed cases found on post-mortem or operative exploration, I cannot resist saying that I think the accuracy in diagnosis as in other regions, is in proportion to the thoroughness of the individual investigator and that many more cases should be diagnosed.

First, everyone of us should refuse to diagnose any chronic dyspepsia without subjecting the patient to a careful history, fractional gastric analysis by the Rhexus tube and X-ray examination.

Next, Charcots intermittent fever, hepatic colic, palpable gall-bladder and tenderness should be differentiated from renal colic, pyelitis, pyelonephrosis, peptic ulcer and chronic appendicitis.

Finally, though the gall-bladder is so deeply situated and so close to other organs that it very frequently is impossible to make a diagnosis until an exploratory operation clears up the mystery, this should be no excuse for omitting the diagnostic means at our disposal, lest we overlook co-existing, removable pathology.

In connection with symptoms I merely want to make two remarks:

First, I very frequently think that fair, fat, forty and flatulence, should be cut down to the

*Read before the Surgical Section, Ohio State Medical Association, in annual session at Springfield, May 15, 1917.

one word, flatulence, if ptosis and over-eating be excluded, considering that flatulence is a symptom so frequently elicited for many years as the most troublesome and only complaint.

Secondly, attacks of indigestion following a hearty meal are so frequent a finding in my gall-bladder dyspepsias that I inquire for it as ardently as any other one symptom.

The astounding frequency of overlooked gall-bladder conditions has only been properly appreciated since the great number of routine abdominal explorations have been so widely practised. The man, then, who wishes to remove the most pathology will have to get in line and feel his gall-bladders as a routine, on opening the abdomen.

In discussing actual surgery of the gall-bladder, I cannot possibly cover the subject thoroughly since it would take volumes to justly do so and a descriptive ability beyond my hopes. I merely wish to make a narrow path through the vast subject by offering you a few notes taken right after my operations and on witnessing those of others during my visits recently at various important clinics. (Some of the notes were taken last April and include visits at the clinics of the Mayos', Bevan, Andrews, Murphy, McArthur, Ed. Martin, Deaver, DaCosta, Stuart and a number of others.)

SOME REMARKS ON PATHOLOGIC GALL-BLADDERS

1. Normal smoothness is gone.
2. Its deep blue color is lost.
3. Walls thickened and tough.
4. Some gall-bladders though blue, are not necessarily healthy. Stones may not have been in them long enough to make them opaque gray or yellow.
5. Non-compressibility of the gall-bladder.
6. Murphy's expression "Typical Stippling of Infection," like the term stippling over a peptic ulcer, more accurately describes a condition than any other possible term.
7. Sometimes the first sign of carcinoma of the gall-bladder is rupture.
8. Benign tumors may form on the stump of a cystic duct after cholecystectomy and give all symptoms of common duct obstruction by stone.
9. Next to stones, glandular involvement is one of the most important pathologic findings.

The glands are a couple around the cystic and three or so around the hepatic and common ducts, and though the cystic glands drain the gall-bladder, yet many cases have other pathology associated so that the other glands should be palpated for. Pancreatitis, cholangitis and ulcers of the duodenum may cause swelling of the glands.

Mayos remove a gall-bladder if the patient has gall-bladder symptoms and swollen glands, even though the gall-bladder looks normal and no stones are found on exploration, provided no other lesion is found to account for the glandular involvement.

10. Now and then I have had the vexation of typical recurrent attacks after cholecystectomy but found nothing at operation.

REMARKS ON ACUTE CONDITIONS

Patients with acute cholecystitis are better if operated on during the acute stage:

1. Because there are diminished chances of adhesions.
2. Most patients will more likely refuse operation after the acute stage subsides and so endanger life.
3. Operation during the acute stage is not more serious than later if the operator uses caution in not spreading infection, and skill in executing good judgment as to particular operation.

AS TO CHOLECYSTECTOMY

1. The best indication for removal of the gall-bladder is when it ceases to be an organ capable of meeting its own physiologic function or when it is diseased to such an extent that it will never be able to resume its function in the future. Hence, a gangrenous gall-bladder, a cancerous gall-bladder, a hydropse of the gall-bladder, or a shriveled gall-bladder with duct obstruction, are gall-bladders for cholecystectomy without further argument.

2. DaCosta says that the great principle in gall-bladder surgery is drainage. The great English surgeon, Moynihan, in different words, says the same thing. The question often arises in my mind, do we get it in cholecystectomy?

3. Murphy said that fixation of the pyloric zone to the liver seriously interferes with the patient's comfort following cholecystectomy, and that this was the main reason he did not perform more cholecystectomies.

A FEW REMARKS ON TECHNIQUE

1. A finger cot, over the glove finger in exploring the interior of the gall-bladder, will save many a wound infection.

2. My most valuable instruments in cholecystectomy are my Moynihan clamps.

3. The cystic duct may be found not infrequently parallel with the hepatic duct and very close to it.

4. Not infrequently there is a fold of peritoneum between the pelvis of the gall-bladder and the gastro-hepatic ligament covering the ductus communis. If adhesion be found with this fold, it may with little tension be mistaken for the cystic duct. To avoid trouble, dissect the pelvis down to the exposure of the cystic duct, before severing the duct. (Mayos')

5. The cystic artery is much nearer to the liver than the duct and you usually feel much safer for your great duct if you first seek and tie the artery and then go after the severing of the duct.

6. Injuries to the common and hepatic duct during operations are not discovered as a rule

until signs of biliary obstruction or permanent fistula develop.

7. Subcutaneous and skin vessels are less apt to stop bleeding after temporary clamping than muscle vessels, hence tie them, especially in cholemia.

8. The best preventative against stone recurrence is to pass a probe in through the ducts during every operation so as to be sure no stones have been left in. Eisendrath opens the common duct for exploration in cholecystectomies.

Secondly, provide plenty of room to work in when dealing with stout people. A Bevan incision, I think, is the best incision for plenty of elbow room.

BLOOD COAGULANTS

Calcium chloride and horse serum are of no more use in my experience in cases of cholemia, than reading a few lines of Science and Health. Mayos discarded serum but some good men still use either calcium chloride or the serum or both.

The Mayos are undoubtedly the fathers of the most accurate surgical statistics in the world, and with due respect to them, I wish to say: First, that though the Mayos quote 13% of gall-bladder operations as secondary operations, as an argument for cholecystectomy, yet such does not argue that cholecystectomy in these cases should have been performed as first operations. There is no way of showing that these 13% would have lived at all had they had cholecystectomies. Most of them have been and usually are cases that have had acute cholecystitis or complicated cholelithiasis, the patients all in such bad shape that even cholecystostomy was of greater risk at the time than cholecystectomy, on their return for re-operation.

Secondly, as a convincing argument that cholecystostomy in skillful hands should not be slighted, we will recall their own statistics only a few years old, in which they quote 1200 cholecystostomies with only one recurrence.

Third, in considering statistical mortality, it struck me while watching the various operators operate, that it is essential not only to state how many cholecystectomies but also whether they were done on patients who primarily came for biliary tract trouble or as secondary operations in other abdominal complaints.

It is obvious that the secondary operations are done on slight gall-bladder involvement. Of a series of cases reported by the Mayos, 10% of the various abdominal operations have gall-bladder disturbances needing relief.

Finally, I wish to say, that statistics of recurrences are only correct if kept on the same surgeon's work. You cannot compute recurrences in cholecystostomy of a mediocre surgeon with recurrences after cholecystectomy of a first rank man. Many are so compared since a great percentage of all recurrences usually go to the best men.

MORTALITY

1. Let us remember that duct mortality is many times greater than gall-bladder mortality, hence, do not convert a gall-bladder case into a duct case by injuring the duct or by waiting for the stone to pass far into the same or doing a cholecystectomy where you have marked cholangitis.

2. According to Bevan, his mortality is about 5% in purulent cholecystitis and the mortality for cholecystectomy is double that of cholecystostomy.

3. Pulmonary embolism and pneumonia are most often responsible for deaths rather than peritonitis after cholecystectomy. Vomiting and acidosis are close second causes of demise after cholecystectomies.

4. In my experience in cases of cholemia, nephritis and coma, not infrequently terminate life.

I had one patient with a strawberry gall-bladder, recently, who died 22 hours after cholecystectomy, whose temperature gradually rose to 107 by axilla. The patient never fully regained consciousness after the operation. I cannot account for the direct cause of death in this case.

The best way to diminish mortality is:

1. To operate early.
2. Study the case before operation, not omitting the examination of gastric contents, blood and urine.
3. If in doubt, do a cholecystostomy.
4. Wash the stomach, if signs of vomiting after operation.
5. Inject about 15 ounces of normal salt solution or 5% glucose into the rectum every four hours, or use the Murphy drop for three days following operation.

6. Provide for every pathologic finding at operation, but avoid too much surgery. "Two operations are better than no patient," as Deaver puts it.

7. When I am not certain about the bleeding points around the stump in cholecystectomy, I leave the clamps on for 36 or 48 hours and also provide drainage for the stump.

8. Post-operative paralytic ileus is usually a result of local peritonitis around the duct, hence I make it a point to be as gentle in the handling of the tissues as possible and I cover up raw surfaces as near as I can.

Finally, I wish to say in regard to biliary tract surgery, that the instinct an artist possesses, which he uses abundantly and unconsciously when the particular necessity arises, is of more value here than in any other field of surgery.

Correction!

Dr. E. H. Chapin wishes to correct an error which appeared in his article on "Perforation of Abdominal Viscera" in the July issue. On page 410, third from the last paragraph, the word "leukorrhea" should have been "leukemia."

Evisceration - McCassy*

J. H. McCassy, A. M. M. D., Dayton, Ohio

MY reason for presenting this operation to the profession is in the interest of humanity and with a view to stay the needless destruction of human tissue.

My first enucleation was performed on "blind Tom," the musician, thirty-one years ago. I found the vitreous petrified. During all this time I have not seen a word about this operation in any of the text books on ophthalmology.

The operation consists of the removal of the ciliary body, the lens and the cornea. All of the vitreous is retained.

The patient is etherized. The conjunctiva is injected freely with 1% solution of Novocain which lessens hemorrhage and permits more easy separation of the conjunctiva which is entirely saved by slitting close to the cornea, then pushed back from the cornea nearly one quarter inch and a circular cut made through the sclera so as to include all the ciliary body, iris, lens and cornea, leaving behind all the vitreous and three-fourths of the sclera. The operation is completed by putting two cat gut stitches in the conjunctiva, using only one knot. The sclera is not included in the sutures.

At first there is slender support in the front for the vitreous, but nature soon re-inforces the conjunctiva and a firm wall is built up. Healing is only delayed a few days longer than an ordinary enucleation. You would naturally think of the danger of infecting the vitreous, but in my eight cases during the past eight years there was no infection. There is too much "bunk" about germs. The majority of eyes are removed because of injuries and glaucoma. In the first place you do not disturb the natural filler of the eye-ball as is done in the Mules operation. The putting in of glass ball or a blood clot has been a failure. Each oculist can recall that he rarely ever saw a successful case. The glass

ball, like a gun ball, causes irritation and has to be removed.

Evisceration-McCassy is indicated in all ordinary cases where the eye ball has to be removed, including glaucoma, but is contraindicated in glioma and in all malignant conditions in the background of the eye. In 23 years of special practice I have had only five cases of glioma. At the Manhattan eye and ear hospital of New York City, glioma occurred only once in every 16,000 eye cases.

ADVANTAGES OF EVISCERATION-MCCASSY

It maintains three-fourths of the normal size of the eye ball and the patient can go with or without an artificial eye and still appear well. The artificial eye moves accurately with the seeing eye.

Dr. Casey A. Wood says the old evisceration only retains slight stumpage over the ordinary enucleation for two years.

My first operation eight years ago was on Miss N. D. of Texas, a girl of 20 years, for staphyloma. I was anxious to get the best cosmetic results and I resolved to try my new operation. It was a success. Six weeks after the operation I put in a reform eye. I showed this case to Drs. J. W. Millette and Horace Bonner, P. L. Gunckel, C. W. Miller and V. Z. Miller.

Mr. E. B., aged 23, the case I present tonight, cut his right cornea with his pocket knife 2½ years ago while repairing the straps on his skates. An attempt was made to preserve the eye ball but cyclitis and glaucoma bothered him so much and pained him so severely that the use of his good eye was seriously threatened. Evisceration-McCassy was made December 6, 1917, with Dr. F. S. Baron assisting.

In all eight cases cat gut was used in making the two sutures with one knot. The cat gut absorbed readily and disappeared in four to six days and recovery in each case was without mishap.

*Presented before the Montgomery County Medical Society, March 1, 1918.

Books Received

Infection and Resistance. An exposition of the biological phenomena underlying the occurrence of infection and the recovery of the animal body from infectious disease, by Hans Zinsser, M. D., Professor of Bacteriology at the College of Physicians and Surgeons, Columbia University; Bacteriologist to the Presbyterian Hospital, New York; Major, M. O. R. C., United States Army; with a chapter on Colloids and Colloidal Reactions, by Professor Stewart W. Young, Department of Chemistry, Stanford University. Second Edition revised. The Macmillan Company, New York. Price \$4.25.

Syphilis and Public Health, by Edward B. Vedder, A. M., M. D., Lieutenant-Colonel, Medical Corps, United States Army. Published by permission of the Surgeon-General, United States Army. Lea & Febiger, Philadelphia and New York. Price \$2.25.

A Diabetic Manual for the Mutual Use of Doctor and Patient, by Elliott P. Joslin, M. D., Assistant Professor of Medicine, Harvard Medical School; Consulting Physician, Boston City Hospital; Collaborator to the Nutrition Laboratory of the Carnegie Institution of Washington, in Boston. Major M. R. C. Lea & Febiger, Philadelphia and New York. Price \$1.75.

Proposed Changes in the Constitution and By-Laws of the Ohio State Medical Association

John A. Thompson, M. D., Cincinnati, Ohio

Chairman of the Special Committee appointed by the House of Delegates

At the Columbus annual meeting in October the House of Delegates will act on a proposed Constitution and By-Laws that has been drafted to conform with the greatly changed method of the State Association. These changes have been so marked since 1913 that the old constitution, despite numerous annual amendments, is entirely inadequate. The new draft was prepared by a committee elected at the Springfield session in 1917, (Doctors Thompson, J. E. Tuckerman and Dan S. Gardner) and is the result of months of hard work and careful consideration of the organic law governing other active associations. If adopted at the Columbus meeting, it will entirely replace the present constitution and by-laws.

In this article Dr. Thompson points out briefly the points in which the proposed draft differs from the present, and gives the committee's reasons for suggesting the changes.

The committee appointed to prepare a substitute for the old constitution and by-laws of the Ohio State Medical Association has tried to incorporate in it only such changes as experience has shown to be wise. We have sought to make only such changes as will secure an efficient and economical administration of the affairs of the association and to consolidate as much as possible the work of the association in one office.

The office of Secretary-Treasurer is omitted from that article of the constitution naming the officers. The Managing Editor has been renamed the Medical Editor with a corresponding change of duties. Provision is made for the offices of Treasurer, and for a President Emeritus. The reason for these changes will be explained later.

Another important change suggested in the constitution makes delegates eligible to any office. As a rule the men most active and most efficient in Medical Association work are members of the House of Delegates, and the old provision of the constitution was a distinct hindrance to the selection of the best possible officers.

The only other important change in the constitution provides that amendments may be made after they are published in *The Journal* and have been sent to all the component societies. The old method required a lapse of one year before any action could be taken, and circumstances might easily arise where this would not be for the benefit of the association.

Changes made in the by-laws, where they have only been rewritten for clearness and the meaning has not been changed, are not considered in this summary.

Malpractice insurance requires a personal account with each member in the central office of the association and the by-laws have been changed to correspond to this legal requirement. As the new constitution provides for a Medical Editor, the Executive Committees of the different sections have been relieved of the duties of editing the papers presented to the sections.

In discarding obsolete or useless provisions in the by-laws the one providing for the appointment of Committees for Scientific Investigation was the first to be dropped. It never was practicable and

never has been used. Wherever in the by-laws the title of Secretary-Treasurer has been used, in work assigned to the Executive Secretary the corresponding change has been made.

The old by-law, requiring the House of Delegates to meet at 11 o'clock on the first day of the session, was so inconvenient for many members that the first session usually had either no quorum or a very small proportion of the delegates present. The change leaves the House free to fix the hour of meeting at a time when a majority can be present.

While under the old by-laws the officers had a vote, they are not required to be counted in determining a quorum. To prevent a minority doing business, in the new by-laws, officers must be included. The old by-law, providing for charters of component societies, was very indefinite. No clear provision was made for the method of issuing or revoking charters. This ambiguity has been cleared up in the new by-law. Members of standing and special committees have been able to present their reports to the House of Delegates only by sufferance. The new by-laws provide that they may present their reports in person and discuss them, although they may not vote on the adoption of the reports.

In the election of officers the by-laws now incorporate the method which has been used when there is no election on the first ballot. The time the retiring president shall serve in council has been reduced to one year. Under the old provision a man might remain in council four years—which the committee believes an unwise length of term. The president's expense account as well as all others are referred to the Auditing and Appropriations Committee. The House of Delegates does not want its time wasted considering its officer's train fare and hotel bills.

As the office of Secretary-Treasurer was abolished and most of the duties conferred on the Executive Secretary, it is necessary to establish the office of Treasurer as a check on the central office. The by-laws define the duties of this officer. To avoid needless duplication and expense the new by-laws assign to the Executive Secretary the duties of Secretary of the Associa-

tion and Managing Editor of *The Journal*. This work requires a business training rather than a medical education, so the Executive Secretary is made an employe not an officer of the association.

Our *Journal* has been an excellent news journal but very weak on the medical side. We have thought it wise to provide for a Medical Editor who shall give to this part of the *Journal* the attention necessary to make it as good in its medical department as it is in its news columns. As a number of our members get no journal but the one published by the association, they should be kept informed of all advances in our science.

There are times in the association when we wish to confer honors on some man who has been active and efficient in the practice of medicine but who has reached the time in life when his powers are waning. To elect such a man as President of the Association, as has been done, is an injury to the association. By providing the office of President Emeritus the way is made open to honor the veterans of our profession without decreasing the usefulness of the association.

In any organization like ours, which meets only once a year, there must be some officers authorized to take action between the sessions of the association. In the new by-laws this authority is conferred on council. Council is also given authority to employ the Executive Secretary and to fix the salaries of all officers and employees. Council is also given authority, which they have previously exercised, to provide the necessary quarters for the business of the association. Only those with long experience in the legislative work of the association can understand what it means to have a well-appointed central office, which is indicative of the character and the permanence of our organization.

Since the State Board of Health has taken up the work of public health education, our standing committee for that purpose is unnecessary and should be omitted from the list of standing committees. With compulsory health insurance and other financial problems pressing on the profession for solution, it was considered wise to follow the lead of New York and establish a standing committee on Medical Economics to consider the financial side of our profession. The present prospects are that for the next few years a doctor's finances will need intensive study from the best minds in our profession.

In the old by-laws the duties of the Committee of Medical Education were not clearly defined. Since the State Board has taken over the regulation of the Medical Colleges the function of our committee seems to be to conduct lectures such as have been given in Ohio in past years, and this is made the duty of this committee. To provide a central authority for the management of the finances of the association the president is directed to appoint an Auditing and Appropriations Committee from the members of council, and this committee must prepare an annual budget, as-

signing the income to the proper departments of expenditure.

No change has been made in the duties of the Medical Defense Committee, but this section of the by-laws has been rewritten to make its meaning clearer. Under a changed by-law the association is given control of the local arrangements for the annual meeting and assumes the responsibility for the expense. The plan is confessedly an experiment and whether it is effective or not can be determined only by experience. The councilors are required, by the new by-laws, to publish their reports in *The Journal* instead of presenting them in person to the House of Delegates.

Another important change in the by-laws provides for the election of an auxiliary member of the Committee on Public Policy and Legislation after the state election in November. With this change we will not have a situation that has arisen in times past. Our committeeman might be a Democrat in one corner of a county whose legislator was a Republican from the opposite corner. With this change in the time of election, county societies can choose the man who will be best fitted for the work at the time of his selection. A change is recommended in the method of amending the by-laws so that action can be taken without waiting one year.

Praise From a High Source

Acting for the George H. Matson Memorial Fund, Secretary Sheridan turned over to Mrs. George H. Matson, of Columbus, a check for \$624.07 which is the final payment of the amounts contributed by the profession to this fund.

The committee made a detailed report to each county society of the amounts raised on May 1, 1918. A supplementary statement has been issued. In this connection we call your attention to an editorial which appeared in the Cincinnati Enquirer of Sunday, June 23, over the signature of the well-known political writer, Mr. James W. Faulkner:

"Without ostentation, the doctors of Ohio, composing a memorial association, have collected more than \$2,000, and paid it to the widow of Dr. George H. Matson, who it may be said, sacrificed his life for the cause of medicine, neglecting not only his health but his material affairs while Secretary of the State Medical Board. For many years Dr. Matson was on guard at the Capitol, fighting an unwearying battle for the upholding of the dignity of the profession and the eradication of quackery from the practice in Ohio. The testimonial fund was shared in by the various county medical societies throughout the state, and represents a thank offering from the practitioners whose cause Dr. Matson so faithfully defended. It was the handsome thing to do, and the doctors should be saluted as thoughtful gentlemen, who remembered the widow and the orphan of him who had borne the heat of the battle."

OHIO PUBLIC HEALTH NOTES

—There is an increasing tendency in this state to force quarantine in cases of whooping cough. That any local board of health which adopts strict quarantine regulations will have the full support of the State Department of Health in enforcing these regulations is shown in recent correspondence between the Department and Health Officer J. A. Gosling of Tiffin. Dr. Gosling informed the Department that the Tiffin board of health had adopted the policy of quarantining and placarding houses for whooping cough, adding that some difficulty was being experienced in enforcing the measure. The following letter, signed by the Commissioner of Health, was sent in reply: "I take it that your board of health has adopted, advertised and recorded as part of your standing regulations a regulation declaring whooping cough to be a quarantinable disease and prescribing the quarantine to be enforced. If this has been done so that you can be assured of a successful prosecution for the violation of your orders and regulations, I trust you will cause the arrest and prosecution of any person who violates these regulations. It certainly is time that the general public is aroused to the necessity of preventing needless cases and deaths of whooping cough."

—The 1917 Red Cross Christmas seal campaign was the most successful Ohio has had, the Ohio Society for the Prevention of Tuberculosis reports. More than seven and one-half millions of seals were sold, as compared with fewer than six and one-quarter millions in 1916. The \$75,-342.36 raised in the recent campaign for the anti-tuberculosis fight has been divided among organizations as follows: local communities, \$56,-637.92; Ohio Society for the Prevention of Tuberculosis, \$11,331.13; American Red Cross, \$6,-623.97. Ohio will have to increase her stamp sales by 75 percent to meet her 1918 quota, it has been announced.

—The danger of whooping cough to young children were again brought to notice in two news items which appeared within a few days of each other last month. One told of the death of three children from the disease within two days in Tiffin, the second told how the disease had taken two children from each of two Columbus households in two successive days and the third told of still another death in Tiffin.

—Sanitary methods in barber shops are required under regulations recently passed by the Lima board of health. The regulations were drawn up by the barbers themselves, acting through their union. Regular inspections are to be made of all shops. A permit from the board

of health must be obtained by anyone desiring to operate a barber shop. All instruments must be sterilized after each time used and no powder-puffs or sponges may be used.

—Dr. Charles T. Nesbitt, Akron health commissioner, is urging the establishment of a dairy expressly for the production of milk for babies and children. He says a herd of 40 or 50 Holstein cattle will produce a supply for Akron babies which will easily retail for 25 cents per quart. Such milk is now shipped to Akron from Cleveland and Columbus at a cost of 60 cents per quart.

—Dr. Margaret Doolittle Nordfelt of New York, one of the 45 women physicians sent out by the Social Hygiene Division of the Commission on Training Camp Activities, under the Army and Navy departments, addressed the Columbus Parent-Teachers Association on June 24.

—On June 20 Cleveland contagious disease institutions had no patients for the first time in over two years. On that date there were only twelve cases in the city, the lowest record of the year.

—A free dispensary and public feeding station for babies has been opened in north Dayton, under the direction of the Visiting Nursing Association.

—It is reported that only 25 out of 500 Toledo physicians had complied, on June 15, with the new government war measure which requires them to take out a license to handle ingredients of explosives. Such chemicals are contained in practically every doctor's laboratory.

—Two Columbus organizations—the Federation of Womens Clubs and the Columbus Dental Association—have each contributed \$1,500 for the establishment of a free dental clinic for children of that city. To meet the increased demand for medical services, Dr. John L. Gordon has been made chairman of a committee to interest physicians in an evening clinic.

—At a meeting of the Mansfield Board of Health, June 7, ordinances were passed requiring the complete sanitation of barber shops and public swimming pools.

—After investigating health conditions in the city of Akron, Dr. Charles T. Nesbitt, health commissioner, has asked for appropriations totaling approximately \$113,035 with which to carry on and extend the work of his department. Tentative estimates are: Food and dairy division, \$16,850; sanitation, \$11,230; administration \$13,-020; contagious disease hospitals, \$15,445; public health nursing, \$31,745; laboratory, \$4,835; communicable disease, \$17,075.

—The National Association for the Study and Prevention of Tuberculosis has changed its name to The National Tuberculosis Association.

—The July issue contained the statement that Cincinnati's 1917 death rate from typhoid was 7.1 per 100,000. Health Officer Landis informs

us that it was 3.9. Our apologies to the Gem City.

—Miss Helena R. Stewart, director Bureau of Public Health Nursing, State Department of Health, has been elected vice-president of the National Organization for Public Health Nursing.

—In the three months during which the laboratory of the state health department has been making free Wasserman examinations for the physicians of Ohio, more than 1,400 requests for such service have been filled. This service is a feature of the state's program for the control of venereal diseases.

—Dr. Anna L. Preston has been appointed public health nurse of Marietta.

—The state health department is urging Ohioans to carefully consider the sanitary aspect of summer resorts they plan to visit this year, pointing out that many cases of typhoid fever occur every summer among careless vacationists. The department advises that local or state health authorities be consulted as to the purity of water and milk supplies and as to the general sanitary condition at summer resorts.

—Closing of three dental clinics of the Cincinnati health department as a retrenchment measure necessitated the dismissal of seven dental operators and four assistants. The saving for six months will be approximately \$5,000.

—Ohio holds a second-rate position from the standpoint of typhoid fever prevention. Eighteen of the 25 states for which statistics are published by the Federal Census Bureau had lower typhoid mortality rates than Ohio in 1915, the latest year for which nation-wide figures are available. Six states had higher rates than Ohio. Nine states in 1915 had fewer than 19 typhoid deaths per 100,000. In 12 states, of which Ohio was one, from 10 to 20 persons in every 100,000 died of typhoid. Four states had still higher rates.

Quarantine Required for Whooping Cough

Whooping cough cases must now be quarantined in Ohio. New regulations of the State Department of Health requiring such quarantine went into effect July 1. Heretofore the state health regulations have required that cases of whooping cough be reported to the local health authorities, but the question of quarantine has been left to the discretion of the local officials. The rule for reporting of cases continues in effect in addition to the new quarantine requirement.

The house where a whooping cough case occurs must be placarded and the patient isolated for four weeks from the beginning of the cough. Provision is made that a child having the disease may leave the premises, under the supervision of a responsible person, if it stays not less than five

feet from any other child and wears an arm-band marked "Whooping cough" in letters not less than one-half inch high.

Other children in a house where whooping cough exists, if they have not had the disease, may not attend school, Sunday school or other public gatherings. Any child who has been exposed to whooping cough and has not had the disease must be quarantined for 14 days from date of last exposure, but may be allowed to leave the house if the case is under the supervision of a competent physician. Children in the patient's family, who have had whooping cough, may attend public gatherings at the local health officer's discretion.

New Rules to Curb Venereal Infections

Case reports, partial quarantine, medical examinations and repression of vice districts are provided for in the new rules of the State Department of Health for the control of venereal diseases, which became effective July 1.

Inasmuch as venereal diseases are considered by Army medical authorities to be the greatest menace to the health of soldiers, and the war department has requested the aid of civilian health officials in lessening this danger, enforcement of the new regulations laid down by the state department of health is essential to the proper performance of Ohio's wartime duties.

The new regulations require:

The reporting of every case of venereal disease, with the name of the patient and various other details, by the physician, dentist or other person who treats the case, to the State Department of Health within 24 hours; the probable source of infection must be given, if obtainable "by reasonable diligence."

The quarantine of a venereal disease patient whenever the state commissioner of health considers such quarantine necessary for the protection of the public health.

Medical examination by local health authorities of all persons "reasonably suspected of having a venereal disease," in which class are placed "all known prostitutes and persons associating with them."

Co-operation of local health officials with other officials in repressing prostitution, which is "declared to be a prolific source of venereal disease."

Encouraging evidence of increased interest on the part of physicians in the venereal disease problem is seen in the increase in the number of cases reported from 130 in April to 501 in May. These cases were reported under former regulations which did not require the patient's name to be given in a case report and did not comprise the other provisions for control which are contained in the new rules of the state department.

The General Problem of the Minor Forms of Healing*

Howell Wright, Cleveland, Ohio

Secretary, Cleveland Hospital Council, and Member of the Ohio Senate.

EDITOR'S NOTE—This address by Mr. Wright, in which he frankly discusses medical legislation from the viewpoint of the layman who has given the subject careful consideration, has attracted wide attention. Extracts have been printed in many journals. The editor has hesitated to print it in this journal, because such publication might be construed by some to mean indorsement of the points Senator Wright makes. We disagree with him, in some instances, but we admit the honesty of his personal beliefs—and we feel that he has a far clearer understanding of the public mind than many who will take violent exception to his statements.

THIS problem involves the licensure of members of healing professions, sometimes designated as the "medical cults" or "sects." It is in a large measure a legislative problem, for the state legislatures are "makers" and "un-makers" of medical laws. These laws are the subject of bitter controversy in almost every session. The Ohio Eighty-Second Assembly was no exception. These controversies rarely fail to bring to light certain weaknesses in medical practice acts and at the same time suggest certain remedies. Legislators fully understand the defects, but as yet do not generally comprehend the necessary remedies. I will discuss the Ohio situation which I believe to be typical.

Ohio's medical practice law, as enacted in 1896, legalized regulations for the practice of medicine or surgery and midwifery. It made no provision for the so-called "cults" or "sects." The first exception to the original requirements came in 1900 when the statute was amended for the benefit of osteopaths and again in 1902. Some years later it was amended for the benefit of the dentists who desired to administer anesthetics generally and again not long after for the benefit of nurses. In 1915 a tremendous assault was made on the act. It resulted in numerous amendments providing exemption and modifications in favor of "cults" and "sects" and placed them all under the regulation of the medical board. Approximately twenty different forms of healing are specified in the law, but the board was also given authority to examine and register persons desiring to practice any other limited branch or branches of medicine or surgery "that may now or hereafter exist." In other words, Ohio police power has been delegated to the state medical board to regulate the practice of all the minor forms of healing and the practice of nursing.

Bitter attacks were made on the medical practice act in the Eighty-Second Ohio Assembly. Optometrists, chiropractors and naturopaths each demanded the delegation of state police power to a board representing them instead of the medical profession and through which they planned to

control their own licenses. Christian Scientists demanded complete exemption. Osteopaths demanded the right to use drugs; to enter the field of major surgery and to be placed on a legal par with "other physicians and surgeons." Actively opposed to all of these measures appeared the state medical board with a membership representing the regular profession, homeopaths and eclectics, ably supported by the well organized state medical association. It was profession against professions.

There appeared to be a pronounced "legislative state of mind" toward medical license, medical practice and the medical profession which was difficult to overcome and which was a bar to the consideration of these proposed measures entirely on their merits, particularly those which aimed to create new boards of regulation. It may be summed up in these words: "The Ohio medical practice act is antiquated. It represents only three schools of practice. Such a basis of representation is also antiquated, because it results in a sectarian board. If it is right to delegate police power to the medical profession, why not delegate it to the limited practitioners? There is a commercial aspect to this medical practice business. The state cannot legally prove the practice of medicine unless it proves the giving of a fee. The medical profession apparently does not want other healers to practice for compensation. The medical profession now regulates not only itself but also its competitors, the 'limited practitioners.' It seeks thus to control all potential competitors. We cannot distinguish between the state medical board, as now constituted, and the state medical association. Much opposition to these bills is based not on a desire to safeguard the public health but to protect 'special privileges.'" These arguments were often heard throughout the session and seem to indicate a deep-seated and far-reaching public distrust of the medical profession. Far more than ever before the legislator reflects the sentiment of his constituents.

Other schools of practice—the "medical cults" and "sects"—seem to have learned something of legislative procedure in recent years and skillfully played these arguments. For a time it seemed as if this type of reasoning would prevail re-

*Address presented by request before the Fourteenth Annual Conference of the Council on Medical Education, American Medical Association, in Chicago, and re-printed from The American Medical Association Bulletin.

gardless of resulting new licensing machinery and the number of ignorant practitioners turned loose on the public by "exemption."

There were several combinations of political organizations regardless of party affiliations; numerous petitions urging the enactment of these measures and signed by "our constituents" daily made their appearance. And it is interesting to note that some of these petitions contained the signatures of practicing physicians and dentists. All of this indicates that the problem under discussion is one essentially of education—education of the legislature—education of the public—as well as education of the limited practitioners and the medical profession itself, to harmony in one ideal—that is, public health and welfare. Let us analyze these legislative proposals more in detail for proof of the general need of education.

Optometry—Aside from the demand for a new licensing board, this bill was designed to license men and women to practice optometry which was defined to be "the employment of any means or method other than the use of drugs for the measurements of the powers of vision and the adaption of lenses for the aid thereof." Attempts were made by optometrists to entangle the senate in a discussion of the relative value of this method of drugless treatment but were unsuccessful. It contained the usual exemption clause for all persons who had practiced for five years, and for applicants after Nov. 1, 1917, the preliminary education requirement was fixed at two years of high school. Graduation from a reputable school of optometry maintaining a two-year course was demanded and, of course, the new board was to determine the meaning of the word "reputable." Even this brief analysis indicates the need of education.

The leading optometrists of Ohio were, and still are, fully aware of this need and understand the danger of admitting to practice, under an exemption clause, the great horde of spectacle vendors and other persons claiming to be optometrists of five or more years of experience. But for an injunction against the medical board in the name of the optometry chief lobbyist, many well qualified optometrists would long ago have been licensed by the medical board. This and the antipathy of the legislature toward new boards, defeated the optometry bill.

Chiropractic—Chiropractors, hundreds of whom had been already licensed to practice under the 1915 exemption clause, also demanded their own licensing board. Educational qualifications were to be of the flimsiest character. Under this bill, if enacted, "Every person licensed . . . was to be entitled to all the privileges of the diploma granted to him by the school or college from which he graduated." What should one say to this when he knows that there is not a single chiropractic school in the United States of high enough standing for recognition by the Ohio Board? Obviously, as a matter of justice, he

should emphasize the need of more education.

Naturopaths—Naturopaths also demanded a special licensing board for the regulation of all limited practitioners. They sought special police power privileges for all the minor forms of healing. It was such a freak bill that it never appeared outside of committee.

Osteopathy—The osteopathic bill which was intended to secure legislative recognition of osteopaths on a legal par with other physicians, as finally enacted, corrected a great injustice—first to the sick public and then to those who practice osteopathy. Up to this time Ohio osteopaths had been allowed to practice obstetrics and minor surgery but were not allowed to use antiseptics or anesthetics. The danger of this inconsistent regulation was eliminated by an amendment which also prohibited them from performing major surgery and which included a definition of major surgery. The bill, so far as it relates to anesthetics, was opposed by the anesthetists' organization on the ground that "it is a menace to constituent members of the Ohio State Medical Association who are entitled to protection." During the hearing the proponents of the bill attempted to prove that the curricula of the leading osteopathic school contain requirements similar to those of the best medical schools. This recognition of the importance and need of special education of those who desire to treat the sick is hopeful and significant.

Christian Science—Christian Science demanded exemption on the ground that Christian Science is not the practice of medicine but the practice of religion. The bill passed the Senate but was overwhelmingly defeated in the House through the efforts of the organized medical profession with the assistance of organized religion. It was defeated as a menace to public health. It was argued that Christian Scientists should not be allowed to take a compensation for their services. Yet it was clearly shown that Christian Scientists practice as they please in the cities of Ohio and flourish financially because the medical board can rarely detect them in the process of accepting compensation or contributions. Again the need of education is emphasized. How much more will be needed to completely establish the fact that any such commercial basis for protection of public health is futile?

CONCLUSIONS

Some definite conclusions can be drawn from these legislative controversies. Although the medical profession is as a rule bitter in its condemnation of politicians and defines them in terms broad enough to include all members of legislatures, I will state some of my own conclusions without apologies. They are based on my experience as a member of the Ohio Senate in which I served as chairman of the public health committee, and on information gained by contact and correspondence with public health officials of other states.

1. Education is the fundamental basis for licensure of the limited or unlimited practice of medicine. With few exceptions the present system and laws pertaining to medical licensure places too little emphasis on education. Our medical laws are "prohibitive" rather than based essentially on "educative" standards. A great majority of the ninety-three separate and independent boards in the fifty states, having to do with the licensing of those who seek to practice the healing art, are not educational boards but politico-medical boards. An examination of medical practice acts indicates that in a majority, including Ohio, the legal fundamental basis of medical practice is commercial. In any criminal procedure aimed to protect the public from ignorant practitioners the question to be proved should be: "What are the man's educational qualifications for the work in question?" and not "Did he get a fee?" The fact that this use of the police power of the state was delegated primarily to detect and prosecute quacks does not justify the emphasis of the commercial factor of medical practice over and above the "educative."

2. It is fundamentally wrong to lodge the police power of the state in the hands of representatives of any profession to prescribe within legislative limits the educational qualifications of that profession; to govern its license and to regulate its practice. It was undoubtedly necessary for the medical profession to take the lead in advocating our present licensing system and medical laws. Probably no other group could have undertaken such leadership. It should, however, no longer have to fight each year in the legislature as the guardian of the public interests in opposition to other healing professions. It can well continue to advocate higher educational qualifications for the degree of Doctor of Medicine and for the license to practice. It has no reason to fear serious competition from other healers. If it continues to render effective service, the public will demand that service.

3. The general educational board or a department of education and registration should gradually supersede the present system of politico-medical licensing boards. Ohio is undoubtedly ready to consider one of these plans. In general, if the board plan is adopted, no healing profession to be regulated by the board should be represented on it. The advice and assistance of representatives of the various healing professions can be secured in technical and professional matters but final authority—subject, of course, to the legislature—over all that pertains to the examining and licensing of these professions must rest in the hands of the board, or like the Illinois plan of a department headed by a well qualified lay-educator. The states must soon choose between further extension and multiplication of the modern "guild controlled" licensing system and the single licensing educational board or department.

4. There should be more systematic state con-

trol and regulation of educational institutions existing for the purpose of granting professional degrees. The present loose system in some states makes the problem of inspection and recognition of certain schools by the licensing authorities almost impossible and is a decided bar to the enactment of modern legislation.

5. Uniform educational standards should be applied to the "medical cults" or "sects." If the minor forms of healing, including optometry, osteopathy, chiropractic, etc., are the practice of medicine or the healing art in the sense that "the practice of medicine means the science of preserving the health and treating diseases for the purpose of cure, whether such treatment involves the use of medicinal substances or not," then the same educational standard must be applied to them as to the Doctor of Medicine. If not, they should be regulated as "limited practitioners" and their educational qualifications gradually raised to standards corresponding to their work.

6. There seem to be numerous reasons why those who seek to prevent or cure disease by spiritual means or prayer, in obedience to the tenets of a recognized church, should be exempt from the application of the educational standards. The contagious disease problem, however, presents the element of doubt. Prominent members of your association, including your very distinguished Dr. David Strickler, whose writings are a source of inspiration and education and which should be placed in the hands of every legislator in every state, have urged this exemption. Christian Scientists, the most prominent of the spiritual healers, are now exempted in some thirty states on religious grounds subject to certain safeguards. There is, however, no reason for any exemption from any general law pertaining to public health or welfare. Information obtained from officials in a majority of these states furnishes proof that they are reasonably considerate of the public health in reporting contagious diseases. Christian Science is either the practice of religion or the practice of medicine—if the former, its practice should not be subject to medical practice laws. This whole question seems to be not only one of legal interpretation but a matter of understanding and adjustment on the part of members of the medical profession and on the part of Protestant denominations who have heretofore opposed the practice of Christian Science.

The controversy in the last Ohio assembly over the Christian Science exemption, participated in by Protestant clergymen, was not consistent with the modern spirit of religious liberty. If people wish to employ them as practitioners of religion, it is not consistent with the best traditions and accomplishments of the medical profession to oppose such employment. The medical profession has nothing to fear from Christian Scientists.

In thus addressing you I have no desire to provoke controversy. I am strictly "regular" in my personal choice of professions. I recognize the

great accomplishments of the medical profession. My experience as a hospital administrator fully confirmed my high estimate and regard. Nor do I wish to be considered as a "reformer," for I am advocating no propaganda whatever unless it be to emphasize the need of more education and

higher standards in all matters pertaining to medical license and practice. In what I have said I have endeavored to point out from the legislative point of view some of the defects in our present system and to suggest as a possible remedy more education.

NEWS NOTES OF OHIO

Gallipolis—Dr. Morris Tipton has located in Columbus where he is assistant physician at the Columbus State Hospital.

Athens—Dr. and Mrs. Bernard B. LeRoy left here, July 1, for Vermillion, South Dakota, where the doctor has been made assistant state bacteriologist and a member of the faculty of the state university located at Vermillion.

Cleveland—Dr. John V. Gallagher, chief of the surgical staffs of St. Alexis and St. John's Hospitals, is chairman of a committee which is raising an endowment fund of \$300,000 for Niagara University, Niagara Falls, New York.

Franklin—Dr. Silas S. Stahl has returned from a several months' stay in Chicago, where he was engaged in post-graduate study.

Trenton—Dr. James C. Grafft is reported improving after an operation for appendicitis.

Cincinnati—Dr. Louis Mark has been appointed to fill the vacancy on the medical staff at Ohio State Tuberculosis Sanitarium, Mt. Vernon, caused by the resignation of Dr. Charles H. Haralson, lieutenant, M. O. R. C. Dr. Mark assumed his new duties July 1.

Lorain—Dr. and Mrs. Charles R. Meek have returned home after a visit in Waynesburg, Pennsylvania.

Kenton—Dr. A. S. McKittrick has been elected a trustee of Ohio Northern University, Ada.

Cincinnati—Dr. Harry M. Box has been appointed chief police and fire surgeon succeeding Dr. J. Stewart Hagen, who resigned to enter military service.

Cambridge—Dr. Wilmer G. Lane was painfully injured recently when he accidentally fell and fractured his nose.

Zanesville—Dr. A. H. Gorrell has returned from New York where he spent three weeks in post-graduate work.

Cincinnati—Dr. Mark A. Brown has been appointed clinical professor of medicine in the University of Cincinnati.

Columbus—After serving as supreme surgeon of the United Commercial Travelers for 20 years, Dr. Clovis M. Taylor will retire January 1 and be succeeded by Dr. Earl W. Euans.

Akron—Dr. Donald B. Lowe was chosen secretary of the Section on Preventive Medicine of the American Medical Association at the annual June session.

Cherry Fork—Dr. Samuel C. Clark is recovering from an attack of typhoid fever.

Piney Fork—Dr. John M. Steiner has moved to Alliance.

Alliance—Dr. C. M. Hoover visited his son, Captain D. E. Hoover, at Jefferson Barracks, St. Louis, early in July.

Toledo—Dr. Ira O. Denman was elected president of the American Homeopathic Ophthalmological-laryngological Society at its annual convention in Detroit, June 20.

Sidney—Dr. and Mrs. M. F. Hussey have returned home from a motor trip to Washington, Baltimore and other eastern points.

Cincinnati—Dr. W. S. Reece a resident of Beale, West Virginia, has located in this city.

Wooster—Dr. Amos C. Knestrick underwent an operation for appendicitis June 5 and is reported convalescing.

Tuscarawas—Dr. G. A. Henry is a candidate for the office of county coroner in the Democratic primaries.

Cincinnati—Dr. Allyn C. Poole is bequeathed the sum of \$20,000 by the will of the late Mrs. Annie C. Pruden, for his care, kindness and faithfulness as her physician during illness.

Columbus—Dr. Frank Warner had conferred on him at the annual commencement exercises of Dennison University, Granville, June 12, the degree of D. Sc.

Columbus—Dr. and Mrs. Carl L. Spohr are spending the summer in Platte, Michigan.

Delaware—Dr. and Mrs. O. W. Bonner have returned from New York, where they visited their son at Camp Upton, Long Island.

Sandusky—Dr. Paul C. Keller of Newark has become assistant surgeon in the State Soldiers' and Sailors' Hospital.

Canton—George Gross, a Cuban, charged with practicing medicine without a license, was taken to the workhouse, July 6, to start serving out a sentence of \$100 and costs. Cross is said to have represented himself as a Cuban doctor and collected \$50.00 from a prospective patient with which to obtain medicine from Philadelphia.

Columbus—The fourteenth annual picnic of the General Practitioners Medical Society was held at Buckeye Lake Park on July 18.

Springfield—Governor Cox has appointed Dr. Charles L. Minor to membership on the Ohio Commission for the Blind.

Despite the War, State Association Membership is Maintained--- Lucas Makes Fine Showing

Since the last membership statement was published, seven counties have joined the One Hundred Per Cent. Club and several others have made considerable gains towards that end. The recent additions to the club, in the order of their qualification, are: Preble, Fairfield, Muskingum, Scioto, Madison, Huron and Portage. The total membership in the state has exceeded the 4,450 mark—to be exact it was 4,486 on July 10. The membership on a similar date last year was 4,551.

While the total for the state shows a slight deficit, it is gratifying to note that substantial gains have been made by a number of counties over their previous records. Lucas County is the first of the larger counties to qualify. Under the

presidency of Dr. Charles Lukens its membership has shown a steady increase and at the present writing Financial Secretary W. W. Alderdyce has remitted for 241 members, an increase of 21 over the 1917 membership.

Columbiana, Erie and Butler Counties, with respective memberships of 72, 35 and 64, each show an increase of 11 members over their last year's standing, and many others have made lesser gains, as the tabulation of One Hundred Per Cent. Counties below will show.

A glance at the standing of the 45 counties whose total paid-up membership for 1918 is less than their 1917 record, will reveal the fact that the majority lack less than three members of the number required to qualify. It's a pretty safe bet that they mean to get in step before October 1.

One Hundred Per Cent. Club

Membership			Membership		
County	1917	1918	County	1917	1918
1. Ottawa	15	15	22. Logan	35	40
2. Medina	22	25	23. Harrison	15	17
3. Jackson	19	19	24. Lorain	68	63
4. Columbiana	63	72	25. Vinton	7	7
5. Lake	21	23	26. Ashtabula	38	39
6. Ashland	20	21	27. Mercer	26	29
7. Meigs	14	14	28. Lucas	220	241
8. Pickaway	25	25	29. Greene	38	41
9. Warren	30	30	30. Jefferson	49	51
10. Erie	24	35	31. Marion	43	45
11. Lawrence	20	27	32. Clinton	25	25
12. Seneca	35	35	33. Noble	7	10
13. Morgan	13	14	34. Wayne	30	30
14. Belmont	63	66	35. Champaigne	26	26
15. Butler	53	61	36. Preble	20	21
16. Crawford	33	35	37. Fairfield	39	41
17. Pike	11	11	38. Muskingum	53	54
18. Sandusky	27	30	39. Scioto	54	54
19. Adams	18	20	40. Madison	21	21
20. Shelby	19	20	41. Huron	20	20
21. Monroe	9	11	42. Portage	27	27

Not in One Hundred Per Cent. Club

Membership			Membership		
County	1917	1918	County	1917	1918
Allen	86	84	Delaware	30	27
Athens	57	50	Fayette	14	10
Auglaize	35	32	Franklin	338	326
Brown	10	9	Fulton	27	20
Clark	72	70	Gallia	29	23
Clermont	12	11	Geauga	12	10
Coshocton	21	18	Guernsey	28	24
Cuyahoga	542	523	Hamilton	477	452
Darke	51	50	Hancock	42	38
Defiance	13	11	Hardin	27	25

		Membership				Membership	
County		1917	1918	County		1917	1918
Henry		25	19	Richland		55	54
Highland		29	27	Ross		37	32
Hocking		12	9	Stark		137	129
Holmes		12	11	Summit		177	153
Knox		29	23	Trumbull		41	38
Licking		41	39	Tuscarawas		50	44
Mahoning		120	116	Union		20	19
Miami		51	45	Van Wert		32	30
Montgomery		171	168	Washington		51	38
Morrow		14	12	Williams		29	22
Paulding		21	29	Wood		50	45
Perry		24	23	Wyandot		13	10
Putnam		31	28				

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NOTICE TO SECRETARIES

By action of Council of the State Association, all new members joining county societies during July, August and September, will be placed in good standing in the Association on receipt of \$2.00 membership dues for the balance of the year. The pro-rated dues from October 1 to January 1 are placed at \$1.00.

Council of State Society Urges Conservation of Nursing, So That More Women May Be Released for Foreign Service

Council of the Ohio State Medical Association met Sunday, June 30, 1918, at 3 P. M. at Hotel Deshler, with the following members present: President Smith, President-elect Baldwin, Ex-president Gibbon; Councilors Carothers, Hunter, Van Note, March, McClellan, and Teachnor; Executive Secretary Sheridan, and by invitation Dr. J. A. Thompson, chairman of the Committee on Revision of Constitution; Dr. J. H. J. Upham, chairman of the Committee on Public Policy and Legislation; Dr. W. B. Patton, member of the Committee on Auditing and Appropriations, and Dr. Charles S. Hamilton and Dr. C. F. Clark, of the Medical Section of the Ohio Council of National Defense.

The minutes of the meeting of March 17th were read and approved.

The Secretary's report on the status of the program for the annual meeting was accepted.

The Secretary reported the death of Dr. R. M. Shannon, chairman of the Section on Medicine. On motion of Dr. Carothers, duly seconded, Dr. J. H. J. Upham, of Columbus, was elected to fill the vacancy. Dr. Upham and the Secretary of Council were directed to select a secretary for this section.

Dr. J. A. Thompson, chairman of the Committee on Revision of Constitution, presented in detail the re-written Constitution and By-laws, calling attention to all new provisions.

President Smith presented the following resolution:

"Whereas, The public must be impressed by the fact that demands for non-essential nursing in these war times is distinctly unpatriotic, and

"Whereas, We as a profession must understand that the doctor who weakly accedes to the demand of a patient for a nurse where in his opinion the nurse is not needed, is likewise unpatriotic, therefore be it

"Resolved, That the profession aid in the nurse conservation campaign by shortening the period of nursing. Frequently one or two weeks of the convalescent period may be dispensed with. If this plan is generally followed, many more nurses may be released for war service.

"Council urges that medical societies in the larger centers give serious consideration to working out some plan by which the convalescent and less important nursing may be systematized with a view of conservation. This might be accomplished by establishing a center through which experienced nurses, equipped with cheap automobiles, could be made available for nursing on an hourly basis, and thus attend in a single day, several convalescent patients.

"Council further urges that doctors throughout the state make every effort to encourage qualified young women to enter the nurse training schools in order that the sick public in Ohio may be cared for in the future. If the number of new nurses is not materially increased, the demands of the Army will create a serious shortage of nurses in this state."

On motion of Dr. Hunter, seconded by Dr. Van Note, the resolution as read was unanimously adopted.

Executive Secretary Sheridan reported on membership standing of June 30th which shows a total paid membership of 4452, as compared with 4542 as of June 30, 1917, a shortage of only 90 members. Analysis of the records shows that this

deficit is caused largely by the decrease in Summit, Hamilton and Franklin counties.

The Executive Secretary reported on the success of the Hoover lectures held during June, and outlined the tentative program for lectures to be held during August and October.

The report of the Committee on Medical Defense shows that only one case has been filed since the report in March, but several threatened suits have been averted by quick action on the part of the Committee.

On motion of Dr. Carothers, seconded by Dr. Hunter, the following resolution was adopted:

"Resolved that the state dues for all *new* members to the Ohio State Medical Association be placed at \$2.00 for the period, July 1 to October 1, and at \$1.00 for the period, October 1 to January 1."

Dr. C. F. Clark, chairman of the Executive Committee of the Council of Defense, Medical Section, outlined briefly the plans for the Volunteer Medical Service Corps.

Mr. Sheridan outlined the need for funds to carry on the work of the Medical Section of the Council for Defense. The Secretary explained that a temporary fund had been provided from the contingent fund of the Association, to cover expenses to date, which amount to about \$75.00.

On motion of Dr. Van Note, seconded, Council voted to give the Committee on Auditing and Appropriations authority to fix the amount which should be spent for the work (\$500.00 being the amount suggested as necessary to carry on the work).

On motion of Dr. Hunter, seconded, Council adjourned to meet Monday, September 30th, at 7:30 P. M. at the Deshler Hotel. Respectfully submitted,

WELLS TEACHNOR, Secretary of Council.

SURGEON WANTED

The Journal has been requested by The Buckeye Coal and Railway Company to assist in securing a surgeon for San Toy, Ohio. This village, located in Perry County, has a population of about 1,000 persons and a fully equipped 10-bed hospital. Communications regarding the location should be addressed to Mr. George K. Smith, Secretary and Purchasing Agent, Outlook Building, Columbus.

Miss Ruth F. Stone has resigned as managing editor of the *Cleveland Medical Journal* to become executive secretary of the Cleveland committee, Women's Council of National Defense. Miss Stone has been in complete charge of the business operation of *The Journal* for three years, and filled the position with credit.

An Advance in Industrial Medicine

The July number of *The Doherty News*, a journal devoted to the public utility interests and published in New York, gives considerable attention to the new system of medical examinations that has been established for The Toledo Railway and Light Company by Dr. Charles M. Harpster, chief surgeon for the company and consulting chief surgeon for all Doherty properties in Ohio. The work of this corporation in protecting the health of its employes, and protecting itself from physically unfit employes, is a good example of the modern trend of industrial medicine. The system installed by Dr. Harpster provides not only for a periodical examination of men in service, but very thorough examination of all applicants. In these days of labor shortage the company has found this valuable. If, for example, the examination demonstrates that the applicant is not available for one kind of work, he may be transferred to another department and not lost entirely.

Dr. Harpster is given credit for working out in Toledo a medical system that is recommended to public service utilities throughout the United States. Commenting on the value of this work from a financial standpoint, the journal says:

"By a reasonable expenditure in maintaining the medical department The Toledo Railway and Light Company has secured remarkably good results in keeping up the efficiency of its men, and also in preventing the employment of those with ailments which might not be readily noted. The importance of this can be readily appreciated in the railway department alone, where, if a motor-man is suffering from an affection of the heart or an epileptic condition not noticeable to the casual observer, he would be a hazardous employe, rather than an efficient one."

Senator Wright Made Secretary

Mr. Howell Wright, executive secretary of the Cleveland Hospital Council, has been appointed executive secretary of the American Hospital Association. The appointment is temporary, and was made to enable arrangements for the annual convention at Atlantic City in September to be completed.

The Cleveland Hospital Council has agreed to lend the services of Mr. Wright to the association, and after consideration he has agreed to accept the post. He has taken charge of the duties connected with the work of making the Atlantic City convention a great war conference, of maximum service to the hospitals.

The Cutter Laboratory of Berkeley, California, an establishment of twenty years' standing, recently reorganized and enlarged its Chicago branch office to better meet the demands of the profession.

Two Post-Graduate Meetings for August

Two post-graduate lectures will be delivered by Dr. Charles H. Hoover, under the auspices of the Committee on Medical Education, during August. Dr. Hoover's lecture on the "Fundamentals of Physical Diagnosis" proved very helpful to the physicians who attended the six meetings which he addressed in June, and a large attendance is anticipated for each of the August meetings.

The first will be held at Cedar Point on August 15th for the benefit of physicians of Erie, Huron, Lorain, Ottawa, Sandusky, Seneca and Wood counties. The Erie County Medical Society is in charge of arrangements for the meeting, which will begin at 10:00 a. m. Luncheon at \$1.25 per plate will be served at noon, after which the lecture will be resumed.

The second meeting has been arranged for Mansfield on August 20th, to include physicians of Ashland, Medina, Richland and Wayne counties. The first section of the lecture will be held in the court house, lasting from 4 to 5:30 p. m., when the meeting will adjourn for two hours and the physicians go to Westbrook Country Club for dinner at 6. The dinner will be served on the "Dutch treat" plan at \$1.50 per plate. The Richland County Society has arranged to provide machines for the conveyance of visitors from the court house to the club. At 7:30 Dr. Hoover will resume his lecture at the club, and those unable to attend the afternoon session are urged to attend the dinner and the evening meeting.

The secretary of the Greene County Medical Society advises us that the meeting addressed by Dr. Hoover on June 18 in Xenia was a decided success, over 100 having attended the lecture and dinner. We present the registration for that meeting:

BELLBROOK—A. W. Vandeman, G. C. Cook, G. C. Hook. CEDARVILLE—M. I. Marsh, J. Q. Stewart, E. C. Oglesbee. CENTERVILLE—D. Keever, C. D. Slagle. CHILLICOTHE—D. A. Perrin, G. E. Robbins, C. M. Haynes, H. R. Brown. CLIFTON—J. H. Harris. DAYTON—A. H. Dunham, B. C. West, S. A. Broughman, J. M. Deam, F. D. Barker, W. S. Smith, A. L. Bigg, B. A. Rose, L. H. Cox, C. G. Rogers, F. D. Crowl, L. G. Bowers. FAIRFIELD—H. A. Coslet. GREENVILLE—W. H. Matchett, J. E. Hunter. HARVEYSBURG—C. G. Randall. JAMESTOWN—F. W. Ogan, G. K. Dennis, L. C. Walker. JEFFERSONVILLE—A. O. Ervin. LONDON—F. E. Rosnagle, J. F. Kirkpatrick, W. F. Smeltzer. MORROW—A. C. Roberts, L. Mounts. NEW CARLISLE—A. W. Detrick, R. H. Jones. OSBORN—W. H. Rice, P. C. Marquart, T. V. Crabill. PLAIN CITY—W. H. Lee, E. S. Holmes, J. M. Morse. SABINA—T. E. Craig, J. F. Fisher. SELMA—W. C. Marshall. SOUTH CHARLESTON—J. J. Moore, G. E. Martin. SPRINGBORO—Emily Wright. SPRINGFIELD—W. B. Patton, J. M. Austin, B. D. Titlow, W. B. Quinn, W. H. Graham, Arthur Pancake, P. E. Cromer, C. H. Kay, C. W. Russell, C. L. Minor, H. B. Dornblaser, E. B. Starr, R. C. Hebble, C. L. Jones. WAYNESVILLE—L. G. Brock, M. L. Cook, Thomas Sherwood. WEST JEFFERSON—L. W. Olney, A. F. Green. WILMINGTON—J. D. Davis, W. B. Yoakley, Elizabeth Shrieves, G. W. Wire, Mrs. G. W. Wire, Kelley Hale. XENIA—C. G. McPherson, T. W. Treharne, C. A. Lindsay, H. R. Hawkins, Anza Johnson (public health nurse), Mrs. L. R. Robertson, W. A. Galloway, S. L. Dodds, R. S. Dean, P. D. Espey, W. H. Finley, D. E. Spahr, R. H. Grube, A. C. Messenger, R. K. Finley, George Davis. YELLOW SPRINGS—J. T. Bogle, R. R. Richison. KENTVILLE, Nova Scotia—R. J. Collins.



In quarterly session on July 1 and 2, the Board held the following hearings:

Dr. O. L. Mapes of Akron, was asked to appear before the Board and show why his license to practice medicine in Ohio should not be revoked for violation of Section 1275 (extravagant advertising). After hearing, the case was continued until the October meeting, Dr. Mapes promising to conform with the Board's rules and regulations. Final decision will be made at the October meeting.

Dr. H. N. Teeters of Steubenville, whose certificate to practice was revoked seven years ago, appeared before the Board and asked for reinstatement. The matter of his conduct and practice is being investigated by a special committee.

The certificate of Dr. George W. W. Walker of Roseville was restored, subject to his compliance with the Board's instructions regarding advertising and itinerary practice. Dr. Walker was at one time identified with the notorious "United Doctors," and this is the third restoration of his license.

Anna W. Welch of Cleveland, mechano-therapist, appeared before the Board to explain her advertising practices. Mrs. Welch was admonished that the continuation of such practice would forfeit her license and the case was continued until the October meeting.

MISS FRIEND RE-ELECTED

Miss Harriet Friend, chief nursing examiner, was re-elected a member of the nurses examining committee for a term of three years.

SUCCESSFUL PROSECUTIONS

E. R. Bebout of Newark, unlicensed chiropractor, was convicted May 29, in the Licking County court of Common Pleas of the illegal practice of medicine. He was sentenced to \$150 and costs and six months in jail. The jail sentence was suspended, provided he left the state, which he did.

Ernest O. Fuller of Wauseon, unlicensed chiropractor, was convicted recently in the Fulton County Court of Common Pleas for the illegal practice of medicine. He was sentenced to \$75 and costs and thirty days in jail. The jail sentence was suspended as Fuller complied with a request that he leave the state.

L. N. Fellows and Charles L. Rowe, unlicensed chiropractors of Dayton, were convicted in the

Montgomery County Court of Common Pleas, July 11-12, of practicing without licenses. Sentence has not yet been passed.

Jacob Alesch of Findlay, arrested by Inspector Ludeman charged with the illegal practice of medicine in West Mansfield, was convicted on July 19. Sentence has not yet been passed.

John Newton Stewart, magnetic healer of Bowling Green, unlicensed, was arrested on complaint of Inspector Ludeman for the illegal practice of medicine. The case was set for trial before Judge Nearing, July 17.

John E. Meneke of Canton, unlicensed chiropractor, was convicted of the illegal practice of medicine and sentenced to \$100 and costs and 30 days in jail. The case has been appealed.

LICENSED TO PRACTICE IN OHIO

The following applicants successfully passed the examination conducted by the State Medical Board, June 4-7, and have been licensed to practice medicine in Ohio:

COLUMBUS—Richard W. Finley, Carol C. Webb, George F. Linn, George E. Shields, Alfred E. Jones, Earl Huffer, Donald M. Harlor, Clifford F. Brunk, Sanford E. Rosen, Lee B. Warren.

CINCINNATI—Harold F. Minshull, Adam D. Echert, Karl C. Kimmel, Charles Frederick Culley, Fred M. Bantum, Robert A. White, Ethel F. Winston, Salmen K. Siebler, Philip F. Poggendick, Thomas R. Owens, Symmes R. Oliver, Henry B. Freiberg, Anthony R. Grierson, George J. Hance, Raphael Isaacs, Harry L. Classen, Frederick H. Clark, Martin Benzinger, Henrietta V. Blackford, Hugh A. Briscoe, Frank J. Albers, William H. Wolfram.

CLEVELAND—William M. Ankeney, Joseph D. Mannimo, George H. Quay, George A. Poe, Morris Gans, George J. Mateja, Arthur F. Hagedorn, David O. Bowman, James T. Collins, John W. Conwell, John H. Davis, George H. Ernberger, Samuel O. Freedlander, John P. Fulton, Harry W. Gauchat, James E. C. Hallisy, Orrin W. Haulman, Clarence Holleman, Oliver P. Kimball, Herbert L. Koeckert, Horace M. Korns, Benjamin Levine, Sidney Littman, Philip C. McDowell, Howard J. Parkhurst, Harry H. Pool, Julius A. Ruetenik, Marvin D. Shie, Ladislaus J. Sternicki, Carl E. Swanback, Victor L. Tanno, Thomas Wilson Thoburn, Carl F. Ulrich, Warren E. Unger, Albert E. Weinstein, Jabez W. West, Jr., Murl E. Fulk, Sol B. Abrams, Edward O. Bonsteel, Benjamin F. Rucker, James B. Ector, William C. D. Milhoff.

AKRON—Charles Joseph Miller. **CANTON**—Edward M. Feiman. **YOUNGSTOWN**—William M. Skipp, Waldo Z. Baker, Constantinos N. Lyras. **DAYTON**—Raymond P. Potts. **MT. VERNON**—Walter S. Taylor, Earl H. Baxter. **BRADNER**—Henry Dierksheide. **NEW HAMPSHIRE**—Joseph Bruce Alexander. **CIRCLEVILLE**—Lloyd Jonnes. **MILFORD**—Arthur C. Christopher. **BERGHOLZ**—Ira C. Allen. **THORNVILLE**—John C. Bowman. **BEREA**—Willard P. Bowser, Joseph F. Piotrowski. **LEXINGTON**—George W. Stober. **NEW PHILADELPHIA**—William P. Smith. **BIRDS RUN**—George F. Swan. **WILLIAMSTON**—Allen A. Tombaugh. **CADIZ**—Jesse B. Martin. **WOOSTER**—Howard S. McClure. **LIMA**—William V. Parent. **MC CONNELSVILLE**—Donald G. Rakton. **NEWARK**—Paul C. Keller. **MANSFIELD**—Ray W. Kissane. **BELLEFONTAIN**—Paul H. Moore. **ASHTABULA**—Frank D. Metcalf. **FORT RECOVERY**—Grady V. Morgan. **MALINTA**—Lloyd E. Overhulse. **NEW STRATSVILLE**—David Richards Price. **GALLIPOLIS**—Emmet E. Thomas. **EAST LIVERPOOL**—Clarence W. Lemon. **MONROEVILLE**—Fred O. Lepley. **SALEM**—Lowell W. King. **NEW LEXINGTON**—Charles B. McDougal. **IRONTON**—Chester A. Casey. **NEW VIENNA**—Edward W. Brown. **MASSILLON**—Joseph Slattery. **WOOSTER**—Frederick B. Snyder.

SHARON, Pennsylvania—Morris H. Reno. **BROOKLYN, New York**—Charles Wesley Larkins. **HAGERSTOWN, Illinois**—Mark E. Bowles. **POOLVILLE, Texas**—Ray M. Moore. **NEWPORT, Kentucky**—Victor W. Fischbach.

PITTSBURGH, Pennsylvania—William H. Ayres, William S. McElroy. **MOUNDSVILLE, West Virginia**—Leo D. Covert. **NEW YORK CITY**—Jorier Yost. **PHILADELPHIA, Pennsylvania**—Anthony M. Bennardi. **CORINTH, New York**—Jesse F. Williams. **LINDSAY, Ontario, Canada**—Roderic E. Brady.

RECIPROCITY LICENCES GRANTED JULY 2.

Clement M. Arnold—Graduate Maryland Medical College, Baltimore, 1912; present residence, Green Sulphur Springs, West Virginia; intended residence, *Hemlock*.

Herman Samuel Applebaum—Graduate Johns Hopkins Medical College, Baltimore, 1916; former residence, Baltimore; now resident of *Cleveland*.

Richard Frederick Codrington—Graduate McGill Medical College, Montreal, Canada, 1912; present residence, Haslett, Michigan; intended residence, *Upper Sandusky*.

James Matthews Knowlton—Graduate Boston University School of Medicine, 1883; former residence, Tarentum, Pennsylvania; now resident of *Youngstown*.

Warren Montfort—Graduate Louisville Medical College, Louisville, Kentucky, 1887; present residence, Frankfort, Kentucky; intended residence, *Cleveland*.

Beriah E. Mossman, Jr.—Graduate University of Pennsylvania, Philadelphia, 1900; present residence, Greenville, Pennsylvania; intended residence, *Youngstown*.

Vera Viola Norton—Graduate Woman's Medical College, Northwestern University, 1899; former residence, Napierville, Illinois; now resident of *Cincinnati*.

Vasco Eric Monture Osario—Graduate Louisville Medical College, Louisville, Kentucky, 1916; former residence, Louisville; now resident of *Cleveland*.

Andrew Jackson Swezey—Graduate College of Physicians and Surgeons, Keokuk, Iowa, 1897; present residence, Decorah, Iowa; intended residence, *Marietta*.

James Henry Wallace—Graduate University of Illinois, College of Medicine, 1908; present residence, Hot Springs, Arkansas; intended residence, *Youngstown*.

Many Babies are "Saved" During April

During April, the opening month of Children's Year, Ohio "saved" one more than one-half the average monthly quota of babies assigned to the state by the federal government for the baby-saving campaign.

In that month deaths among children under five years totaled 1,257, showing a saving of 189 as compared with the average month of 1916, upon which yearly quotas are based. The average monthly quota assigned to Ohio is 376. The total saving set as the year's quota is 4,510, representing a reduction of one-third in the number of deaths as compared with 1916. Saving throughout the year at the rate attained in April would bring a year's reduction of only 2,268.

Thirty-six of the 88 counties saved their quotas or over, as did 32 of the 80 cities. Thirty-two counties and 29 cities not only failed to save their quotas, but actually lost more babies than in the average month of 1916. The other 20 counties

and 19 cities saved some babies, but not enough to meet their quotas.

Toledo was the only one of the larger cities of the state to save its quota of babies, achieving a reduction of 24, with an assigned quota of only 21. Dayton saved 6 babies, but failed to reach its quota of 10. Cleveland saved 20 out of a quota of 96. Cincinnati and Columbus failed to save any of their quotas.

The establishment of quotas is, of course, a publicity matter, but it has served to direct wide attention to the real effort that is being made by public health agencies to reduce infant mortality.

Six Delegates Now

The American Medical Association has taken notice, officially, of the growing size and importance of the Ohio State Association. At the Chicago session, in fixing the reapportionment of delegates, the Ohio quota was increased from five to six. New York has eleven, Pennsylvania nine, Illinois eight, and Ohio is fourth. Heretofore, although we have a much larger membership, we have had the same representation as Missouri, Texas and Massachusetts.

At the Chicago sessions there were 333 registered from Ohio, a number exceeded only by Illinois and Iowa.

New Kind of Faker

A number of Columbus women were induced to purchase roller massage machines by "Dr. Black of Grant Hospital," who canvassed the city under the guise of seeking nurses for the local institution of that name. The alleged Dr. Black explained that \$15.00 a week nursing positions at the hospital awaited those who equipped themselves with his \$6.00 machines. Several of those who "bit" reported at the hospital with their machines and when told there were no positions awaiting them, hurried off to police headquarters.

Roentgen-Ray Association Organized

As a result of the roentgen-ray clinic held in Mansfield General Hospital during the first week in June, The Ohio Roentgen-Ray Association has been organized with Dr. Jacob Y. Salzman, Mansfield, as president, and Dr. Robert B. Cameron, Defiance, as secretary-treasurer.

Dr. Herr Seeks Office

Dr. Albert H. Herr, of Lima, is a candidate for the Republican nomination as Lieutenant-Governor, subject to the primaries to be held on August 13. Dr. Herr is a well-known practicing physician of Lima, formerly of Elida, and served with distinction as a member of the House of Representatives from Allen county during the last session of the General Assembly.

Dr. Goddard Explains Plans for the New State Juvenile Research Bureau

Dr. Henry Goddard, new director of the Ohio Bureau of Juvenile Research, who gained an international reputation in the care of delinquent and defective children as director of the research work at Vineland, New Jersey, gives an interesting synopsis of the plans of his bureau in the current issue of *The Ohio State Institution Journal*. Dr. Goddard first reviews the necessity for systematic work such as Ohio has undertaken, and gives great credit to Dr. E. J. Emerick and Dr. Thomas H. Haines, who have been in charge of the bureau since it was established in 1914. He states that the general research work performed by them in the absence of the necessary state building for the laboratory work was of great value.

As soon as the state erects the new building in Columbus for which \$100,000 has been appropriated, Dr. Goddard expects the research bureau to become a much larger activity. In this connection he says:

"The functions of the bureau are two: (1) to study, diagnose and recommend treatment (proper institution) for such cases as are sent in by the Juvenile Courts; (2) to study the causes of dependency and delinquency.

"No one can say at this early day precisely what methods will be found useful and surely not what results may be anticipated. The work must follow where the *facts* lead.

"At the outset we have a few facts that may indicate the general direction in which we should proceed.

"First, we know that many delinquents are feeble-minded. The exact percentage seems to vary somewhat in different communities. Different investigations have shown all the way from 10 per cent. of delinquent feeble-minded. The wide variation is partly explained by the different bases upon which the cases were selected. (Some courts send a boy to a reformatory for breaking windows, others only for "breaking and entering." The former would have a larger per cent. feeble-minded since the feeble-minded do not so often commit a crime that requires the bold plan and execution involved in burglary.) The exact per cent. is unimportant at present, except that it would help us to know how large buildings to provide. The courts of Ohio sent 1,284 children to the two Industrial Schools last year. Had the Bureau of Juvenile Research been in full operation, it would have received, studied and made some disposition of these children. If half of them proved to be feeble-minded they would have been sent on to the Institution for Feeble-Minded—leaving 642 to be provided for otherwise. But if 80 per cent. had proved feeble-minded, 1,027 would have been passed on, leaving only 257.

"Those not feeble-minded are probably (1) insane, in which case they go, of course, to the

hospital for the insane, (2) epileptics, (3) suffering from some ill-defined and little understood physical condition, or (4) of normal mentality, but victims of bad environment.

"Groups 3 and 4 will constitute the more or less permanent population of the Bureau Cottages. Group 3 must remain until their condition is understood; group 4 will remain until the diagnosis is verified and a suitable environment arranged for. No normal child should be institutionalized.

"For the accomplishment of the above plan there will be required the services of clinical psychologists, physicians, social workers, teachers and caretakers. The child must be studied from every angle: not only mental examinations, but physical; not only physical examination as usually understood, but far more extensive, involving X-ray examinations of all organs that can be so studied, physiological studies of digestion, secretion, excretion, the endocrine system and whatever else may be suspected of containing the secret we seek—the cause of the delinquency."

Dr. Goddard, who receives the highest salary in the state service except that paid the Governor (\$7,500 a year) is not a physician. He was graduated by Haverford College in 1887 and holds a Master's degree from that institution. In 1906 he established the research department of the training school at Vineland, and directed the work there for twelve years before coming to Columbus.

Red Cross Commission to Italy

Ohio men figure prominently in the commission on tuberculosis which the American Red Cross will shortly send to Italy in response to a request from the Italian government. The director of the commission will be Dr. Charles W. White, secretary of the Anti-tuberculosis League of Pittsburgh, Pennsylvania, and Dr. R. H. Bishop, Jr., commissioner of health of Cleveland, will be assistant director, in active charge of the field work in Italy.

Mr. Robert G. Paterson, Ph. D., chief of the tuberculosis division of the state department of health, will be director of the educational division, and Mr. Dean Halliday, chief of the bureau of health education, Cleveland, will act as assistant director. Dr. E. A. Peterson, medical superintendent of the Cleveland schools, will go as director of the school medical work.

The personnel of the commission numbers between 60 and 70 and plans are being made to sail during the latter part of August.

With the idea of building up a permanent health organization in Italy, on a national basis, the new Red Cross commission will divide the country into zones, locating a party in each zone. They are going to start on tuberculosis work by establishing hospitals and training

schools for nurses, and as far as possible the American method of handling tuberculosis will be applied to the Italian situation. With the tuberculosis work well under way the commission will enter other phases of public health work and launch a public health movement on a permanent working basis, to be taken over by Italian authorities when established.

Has Your City Had Its Survey?

A recent public health survey of the city of Steubenville disclosed the following facts:

That the city water supply is good, but that about one thousand persons use private water supplies, some of which are probably unsafe.

That a system of city supervision of the milk supply is lacking, and that sanitary conditions on dairy farms inspected were good in some respects and bad in others.

That sanitary conditions were present in numerous food-handling establishments, over which the city exercises no supervision.

That sewage is discharged without treatment into the Ohio River and that several sections of the city are without sewer facilities.

That the lack of adequate garbage disposal provisions and of any regulations for stable construction encourage fly-breeding.

That the staff of the city health department consists of a full-time health officer, who is without medical training or public health training; a full-time plumbing inspector and part-time clerk.

That the department's 1917 expenditures amounted to \$6,344.45, more than half of which was for quarantine and fumigation, mostly in cases of smallpox.

The report urged the employment of a technically trained health officer at a salary of \$3,000 to \$3,500, the establishment of a laboratory and of a dairy and food inspection system and the installation of a public health nursing system.

Draft Boards Visit Camp Sherman

Medical and other members of the local draft boards from Clark, Logan, Darke, Greene and Fayette counties paid an interesting visit on June 25 to Camp Sherman. Their object was to get in closer touch with the work of the camp in order to better correlate their work as local examiners of the draftees. It is a plan that might be adopted with profit in other localities.

The members of the party, which despite a rainy day, numbered about 60, and included members of the Springfield medical advisory board, were met at the Community House by Lieutenant Colonel J. H. Allen, Surgeon of the Eighty-Fourth Division. After lunch they were shown through the wonderful base hospital where Majors Holmes, Friedlander, Sturgeon and others explained the operation plan. They were then shown through the camp, and particularly, through the examina-

tion wards.

Dr. W. B. Patton, physician member of the Springfield local board, writes that the party secured many valuable pointers that will help them in their work at home, and that they were able to develop a better understanding with the camp authorities.

"Soldier boys at Camp Sherman are better cared for than those in civil life," Dr. Patton said.

War And Tuberculosis

The war will force Ohio to make material enlargement in its hospital facilities for the treatment of tuberculosis. Many of the men accepted for military service have been discharged on being found to be tuberculous. Other cases have been detected in the draft examinations. The State Board of Administration and Dr. S. A. Douglass, superintendent of the State Sanatorium at Mt. Vernon, have been working to provide the additional facilities, but are hampered by lack of state funds. To meet the immediate emergency, Dr. Douglass has erected tents on the sanatorium grounds, and is now giving treatment to eighteen men discharged from service. The State Board of Administration asked the American Red Cross to appropriate funds for increasing the sanatorium, but no funds are available to that organization for this work. It is probable that the next legislature will provide at least some relief.

Patriot Fund Grows

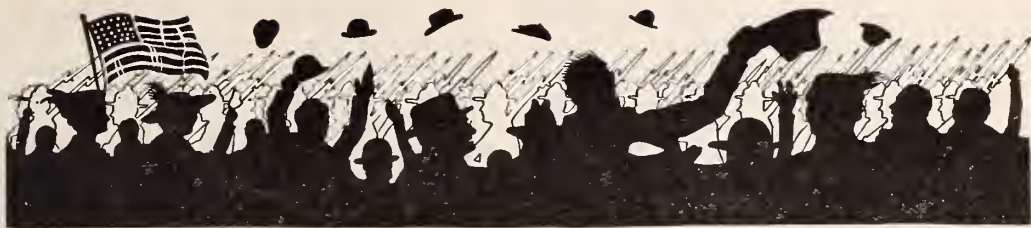
The patriot physician fund raised by the Toledo Academy of Medicine now has a balance of over \$3,000—an amount sufficient to meet the full obligations of the fund.

New Council of Defense Members

In recognition of the important part that is being taken by women physicians in the mobilization of our medical resources, three women have been added to the Ohio Council of Defense, Medical Section. They are Drs. Nora Crotty of Cincinnati, Eleanora Everhard of Dayton, and Fannie C. Hutchins of Cleveland.

Dr. J. O. Howells of Bridgeport and Dr. C. E. Sawyer of Marion likewise have been added to the state committee, which has charge of all matters connected with recruiting military physicians and the working out of medical problems in connection with the war.

Two hundred and fifty wholesale and retail drug firms have been asked to contribute to a \$100,000 fund, needed to maintain the Cleveland School of Pharmacy of Western Reserve University. According to Professor Edward Spease, dean of the school, the drive for funds has been made necessary by the high cost of drugs and chemicals and the high-wage lure that has taken many pharmaceutical instructors into munition plants.



Recognition of the wonderful organizing ability of Dr. C. E. Sawyer of Marion, who is associated with his son in the management of White Oaks Sanatorium, was accorded this month when he was made a member of the General Medical Board of the Council of National Defense, and was called to Washington assume full charge of organizing the new Volunteer Medical Service Corps. In that capacity he succeeds Major John D. McLean, of Philadelphia, who as secretary of the States Activities Committee of the Council of National Defense, was in charge of this work. In the future Major McLean will devote himself exclusively to directing recruiting for the Medical Officers Reserve Corps.

Dr. Sawyer was appointed to membership on the General Medical Board by Secretary of War Baker. He serves with Surgeons General Gorgas, Blue and Braisted; Franklin Martin, Vaughan, and other men who have been in active charge of the mobilization of the medical forces of the United States.

In view of the growing importance of the Volunteer Medical Service Corps, Dr. Sawyer's position is one of the most important in the country.

Dr. C. W. Sawyer, his son, is commissioned and is under orders to report for active service this month.

—Dr. Charles W. Maxson, of Steubenville, who was captured during the March "drive" while serving at an advanced station with the British expeditionary forces, is in a German prison camp. Mrs. Maxson, who is staying with relatives in Baltimore, has been advised that there is a good chance for his exchange at an early date.

—Dr. L. G. Bowers of Dayton has been advised that Dr. Harry Burnett, who formerly was connected with Dr. Bower's office, has been assigned to a special course in X-Ray in Paris under Revere. He writes that since entering army service he has received specialized training that could not be secured in civilian life.

—Major S. J. Goodman of Columbus, stationed in the base hospital at Camp Wadsworth, Spartansburg, visited Columbus recently on home furlough.

—Dr. Loring Courtright of Circleville, serving in France with the American Ambulance, has been commended for bravery.

—Realizing that Ohio cities probably will soon face the task of caring for wounded men, of

making over crippled men and of placing them in institutions where trades can be taught, a party of Toledo and Cleveland men visited Toronto on May 10 to study the remarkable reclamation work which that city, after four years of war, is carrying on.

Among the things which were brought to the attention of the Ohio investigators were:

How Toronto overcame the state of unpreparedness in which it found itself when the first flood of wounded men came back, by hurriedly transforming schools and colleges into temporary hospitals.

How the city now is handling the 5000 wounded Canadians in its hospitals.

How it is planning to provide for the 2000 additional wounded now on their way back from the front.

How the old General Hospital, ready to be razed, was turned into a shelter for 800 soldiers; the old Knox College fitted up to house 215 men, and the Bishop Strachen School equipped with beds for 185 patients.

How Toronto has perfected city insurance plan under which each Toronto soldier is insured for \$1000 when he leaves for the front, and how the city fills vacancies on municipal jobs with returned soldiers.

How the city has established vocational schools in which wounded soldiers are taught the work that their physical condition and pre-war experience best fits them.

How at Davisville Orthopedic Hospital, 500 legless or armless men are being "fitted" with artificial arms and legs made at a big factory established there.

How stiffened joints and deadened limbs are treated with special devices and apparatus, newly invented, at Hart House, a former college.

How women are aiding the convalescents with motor rides and tea parties.

How music has been added to the hospital day, easing the minds of the patients, and helping "gassed men" regain proper method of breathing.

How massage treatment is given to shell-shocked soldiers and these "hardest cases" are fixed up.

How hospitals provide their own circle of social activities: skating rinks, billiards and others, and how soldiers are urged to vie with each other in the games.

Drs. Charles Edwin Briggs and C. F. Hoover

of Cleveland represented the medical profession in the delegation of investigators.

—Dr. Allen W. Freeman, who has been head of the State Department of Health since last October has reported to Washington for duty as a major in the Medical Reserve Corps. He has been granted a leave of absence from his state position. In Dr. Freeman's absence, the deputy commissioner, Mr. James E. Bauman, will direct the work of the health department. He has been connected with the department for many years, and is thoroughly competent.

—Dr. W. A. Ricard of Toledo has been promoted to the rank of captain in the Medical Officers Reserve Corps. Dr. Ricard is in charge of eye and ear work at the government camp located at Metuchen, New Jersey.

—Dr. J. E. Talbott of Alger, lieutenant, Medical Officers Reserve Corps, reported for duty at Fort Oglethorpe, Georgia, June 26.

—Dr. Eli A. Miller has been commissioned a lieutenant in the United States Public Health Service and is stationed at the hospital in Nitro, West Virginia.

—Eighty-two girls are now taking a sixteen-week war course in training for nurses at Western Reserve University, Cleveland.

—Dr. Frances M. Hollingshead, director of the division of child hygiene, State Department of Health, has left for an indefinite period to take up child welfare work in France under the Red Cross. Dr. Hollingshead has been in charge of the Children's Year campaign in Ohio.

—Dr. William E. Savage of Cincinnati, captain, Medical Officers Reserve Corps, reported at Camp Wheeler, Macon, Georgia, July 10.

—The greatest post-graduate medical school in the United States is to be found at Chickamauga Park, Georgia. It adjoins Fort Oglethorpe and is officially known as Camp Greenleaf. Fifteen hundred physicians, representing every state in the Union, are now studying at the camp, preparatory to over-seas service. A 1200-bed permanent base hospital is now in process of construction there.

—Dr. George O. Hoskins of Columbus, lieutenant, Medical Officers Reserve Corps, has been assigned to duty at Fort Oglethorpe, Georgia. Lieutenant Hoskins was graduated from the college of medicine, Ohio State University, in 1917, and has just completed an internship at Mt. Carmel Hospital, Columbus.

—Dr. H. Kennon Dunham of Cincinnati has been commissioned a captain in the Medical Officers Reserve Corps.

—Dr. S. C. Caldwell resigned as physician at the Boys' Industrial School, Lancaster, to enter military service, July 1. Dr. C. A. Strasburg of Cridersville has succeeded Dr. Caldwell.

—A note from the wife of Dr. James D. Coupland of Norwalk, former secretary of Huron County Medical Society, advises us that Lieutenant Coupland is now stationed at the Military Orthopedic Hospital, Northfield, Birmingham, England. Mrs. Coupland says Dr. Coupland finds the work intensely interesting and is greatly pleased with the opportunity which his enlistment has afforded him.

—Dr. Carol C. Webb of Columbus, a 1918 graduate of the college of medicine, Ohio State University, left for Washington, June 29, to assume his duties as assistant surgeon in the United States Navy.

—Dr. G. E. Robinson of Ostrander, lieutenant, Medical Officers Reserve Corps, is serving with the 7th Battalion, 161st Depot Brigade, at Camp Grant, Illinois.

—Dr. Philip D. Wilson of Columbus, captain, Medical Officers Reserve Corps, now stationed in France, was one of two delegates who represented United States in an inter-allied conference which sat in London during the week of May 20, to determine the best methods of restoring disabled soldiers to usefulness.

—*The Journal* is in receipt of a card announcing that the ship on which Dr. Charles W. Stone of Cleveland sailed has arrived safely overseas. Dr. Stone is serving as a major with the 37th Division, American Expeditionary Forces.

—Dr. T. A. Graven of Wooster, who is stationed at the base hospital at Camp Dix, New Jersey, spent an eight-day furlough at his Ohio home in June.

—Dr. Wallace A. Ort of Springfield has received a first lieutenant's commission in the Medical Officers Reserve Corps and reported at Fort Oglethorpe, Georgia, June 21.

—"The Fallacy of the German State Philosophy" is the title of a book just published by Lieutenant-Colonel George W. Crile of Cleveland, now on duty with the American Expeditionary Forces in France. Dr. Crile combats the theory of German scientists that might as a means toward the survival of the fittest, is the test of the superiority of nations.

—Dr. Charles B. Hamma of Springfield, lieutenant, Medical Officers Reserve Corps, is stationed at Camp Dix, Wrightstown, New Jersey.

—Captain J. Benjamin Dougherty of North Canton, formerly stationed at Camp Taylor and recently transferred to Camp Sherman, has been advanced to the rank of major.

—Dr. LeRoy S. Hennen of Leetonia, lieutenant, Medical Officers Reserve Corps, has been assigned to duty at Regiment Infirmary No. 1, Camp Pike, Little Rock, Arkansas.

—Major William E. Lower of Cleveland, recently returned from active service in France,

has been promoted to lieutenant-colonel in the National Army.

Dr. C. A. Bowers, of Cleveland, has been designated as official examiner for the Medical Officers Reserve Corps in the Cleveland district as successor to Dr. H. G. Sloan, who has entered service. Dr. Bowers' office is Number 214 Osborn Building. He has daily office hours excepting Sunday between two and four, but will make out of town appointments for examination at other hours.

—Prior to his departure for Fort Sheridan, Illinois, where he enters active military service, physicians of Darke County gave a reception Sunday, July 7, for Lieutenant E. G. Husted. A large number of physicians from adjoining cities were present.

Recommended for Commissions

We present herewith a list of 83 Ohio physicians who were recommended by the Surgeon General for commission in the Medical Officers Reserve Corps during the month of June. This is the largest number of Ohio men recommended in any one month since United States entered the war, and there is every indication that the June record will be maintained during July. The increase is attributed to the intensive campaign for medical officers which the medical section of the Ohio Council of Defense has conducted during the last two months. We wish to emphasize the fact that this is *not a list of those who entered service in June*, but merely a notation of those to whom the government offered commissions in the Medical Officers Reserve Corps in that month.

Jacob Fridline.....	Ashland	Capt.
Jesse Thomas McCartney.....	Barnesville	Capt.
Mose Simpson Griffith.....	Batavia	1st Lt.
Forrest Malvern Evans.....	Bellaire	Capt.
Herman Russell Dewey.....	Belleve	Capt.
Henry Renick Brown.....	Chillicothe	1st Lt.
Howard Benus.....	Cincinnati	1st Lt.
Louis Mark Cusher.....	"	Capt.
Albert Faller.....	"	Capt.
Allen Joseph Fox.....	"	1st Lt.
William Joseph Graf.....	"	1st Lt.
Samuel Iglaue.....	"	Capt.
Edward Samuel Johnston.....	"	Capt.
Joseph Samuel Podesta.....	"	1st Lt.
James William Rowe.....	"	Capt.
William Edwin Savage.....	"	Capt.
Howard Francis Schell.....	"	Capt.
Frank U. Swing.....	"	Capt.
George Bernard Topmoeller.....	"	1st Lt.
Theodore Henry Wenning.....	"	1st Lt.
Marcus Earl Wilson.....	"	1st Lt.
Edgar T. Knoop.....	"	Capt.
George Madison Krieger.....	"	1st Lt.
Harold Feil.....	Cleveland	1st Lt.
Frederic Wade Hitchings.....	"	Capt.
Elvin Edwin Drach.....	"	1st Lt.
Tedrow Sylvester Keyser.....	"	1st Lt.
Edmund Carl Konrad.....	"	1st Lt.
John MacLachlan.....	"	1st Lt.
Joseph Harold Ralston.....	"	1st Lt.
Julius Jay Selman.....	"	1st Lt.
Leon Howard Stuart.....	"	1st Lt.
William Frederick Bay.....	Columbus	1st Lt.
Eugene Cecil Beam.....	"	1st Lt.
Halbert Brush Blakey.....	"	Capt.
Carl DeCosta Hoy.....	"	Capt.
Albert Cloyd Miller.....	"	1st Lt.
Guy Tingley Meek.....	"	1st Lt.
William Hartford Miller.....	"	1st Lt.
Robert George Noble.....	"	Capt.
DeNevin Sarcoe.....	"	1st Lt.
Alexander Michael Steinfeld.....	"	Capt.

Alonzo Blaine Brower.....	Dayton	1st Lt.
Leo Ray Courtright.....	"	1st Lt.
Cameron Arthur Leatherman.....	"	1st Lt.
Merrill Daniel Pough.....	"	1st Lt.
James Richard Tillotson.....	Delphos	Capt.
George Washington Burner.....	Dunison	Capt.
Dan Millikin Skinner.....	Hamilton	1st Lt.
Murat Halstead Scott.....	Harrison	1st Lt.
Clark Gihson Axline.....	Lancaster	Capt.
Samuel Clayton Caldwell.....	"	1st Lt.
Edgar John Curtiss.....	Lima	1st Lt.
Estey Cecil Yingling.....	"	1st Lt.
Clarence Medbery Valentine.....	Linden Heights	1st Lt.
Hugh Smith Maxwell.....	Lisbon	Capt.
Carl Walker Sawyer.....	Marion	1st Lt.
Edgar Vernon Berry.....	Newcomerstown	1st Lt.
Robert McDonald Shannon.....	Piqua	1st Lt.
William Francis DeMuth.....	Port Washington	1st Lt.
Ludwig Frank Derfus.....	Salem	1st Lt.
Homer Maple Yoder.....	Smithville	1st Lt.
James Herman Poulton.....	Springfield	1st Lt.
George Clifton Rodebaugh.....	"	1st Lt.
Louis Cooper Cosgrove.....	Swanton	Capt.
Fern Jefferson Bidwell.....	Toledo	Capt.
Walter Cary.....	"	1st Lt.
George Little Chapman.....	"	Capt.
Ulysses S. Grant Deaton.....	"	Capt.
Howland Madison Flower.....	"	Capt.
Lawrence C. Grosh.....	"	Capt.
Charles Royal King.....	"	1st Lt.
Arthur James Richie.....	"	1st Lt.
Joseph John Sweeney.....	"	1st Lt.
Charles Frederick Tenney.....	"	Capt.
Daniel Cary Houser.....	Urbana	Capt.
Barton Lester Good.....	Van Wert	1st Lt.
Jesse Burt Sampsel.....	"	1st Lt.
Archie Dean Woodmansee.....	Washington C.H.	1st Lt.
Lew Henry Hauman.....	West Cairo	1st Lt.
John King Hamilton.....	Youngstown	1st Lt.
Fred Willis Dixon.....	"	1st Lt.

Orders to Ohio Physicians in Service

To Army Medical School—Lieutenant W. S. Bennett, Cardington; Major A. W. Freeman, Columbus.

To Camp A. A. Humphreys, Accotink, Virginia—Captain E. A. Klein, Norwood; Major Frank Winders, Columbus.

To Camp Cody, Deming, New Mexico—Lieutenant R. S. Reich, Cleveland.

To Camp Crane, Allentown, Pennsylvania—Lieutenant J. A. Mellon, Columbiana; Captain H. K. Yaggi, Salem.

To Camp Custer, Battle Creek, Michigan—Lieutenant T. S. Keyser, Cleveland.

To Camp Devens, Ayer, Massachusetts—Lieutenants W. L. Fox, Akron; R. J. Gieseler, Cincinnati; F. E. Denman, Dayton; F. C. Hunt, Girard; J. D. Siddall, Kalida; E. D. Sinks, Lima; W. J. Weiser, Marion.

To Camp Dix, Wrightstown, New Jersey—Major W. H. Leet, Conneaut.

To Camp Fremont, Palo Alto, California—Captain A. M. Painter, Youngstown.

To Camp Gordon, Atlanta, Georgia—Lieutenants H. B. Weiss, Cincinnati; J. R. Warren, Lower Salem; C. G. Smith, Marion; T. H. Brown, Toledo.

To Camp Grant, Rockford, Illinois—Lieutenant G. S. Nutt, Youngstown.

To Camp Jackson, Columbia, South Carolina—Lieutenants E. E. Baker, Cincinnati; M. S. Griffith, Batavia; H. M. Sage, Columbus; M. B. Cohen, West Salem.

To Camp Laurel, Laurel, Maryland—Major W. W. Conger, Toledo.

To Camp Lee, Petersburg, Virginia—Lieutenants H. S. Shamansky, Cincinnati; J. A. Belyea, Toledo; Captain George Gill, Elyria.

To Camp McArthur, Waco, Texas—Lieutenants E. P. Cook, Granville; R. G. Schutte, Kenton; Captain I. S. Workman, Mt. Vernon.

To Camp Meade, Annapolis Junction, Maryland—Lieutenants R. C. VanBuren, Carey; G. L. Christy, Painesville; R. W. Comstock, Maumee.

To Camp Pike, Little Rock, Arkansas—Lieutenants C. H. Chase, Cleveland; W. L. Layport, Cincinnati; L. S. Hennen, Leetonia.

To Camp Sevier, Greenville, South Carolina—Lieutenant J. McC. McGeorge, Salem.

To Camp Sherman, Chillicothe, Ohio—Lieutenants A. B. Kiser, Cincinnati; W. E. Master, Scio; F. C. Haney, Woodsfield; J. E. King, Youngstown; Major Clarence King, Avondale.

To Camp Upton, New York—Lieutenant M. E. Harrell, Woodstock.

To Camp Wadsworth, Spartansburg, South Carolina—Lieutenant H. H. McClellan, Dayton.

To Camp Wheeler, Macon, Georgia—Lieutenant H. E. Fruth, Muscatine; Captain W. E. Savage, Cincinnati.

To Camp Zachary Taylor, Kentucky—Lieutenants C. L. Maxwell, J. H. Nichols, Columbus; D. D. Shira, Larue; Captains J. W. Sheetz, Columbus; W. B. Turner, Youngstown.

To Cape May, New Jersey—Lieutenant Samuel Zielonka, Captain J. E. Pirrung, Cincinnati.

To Chicago, Illinois—Lieutenant R. B. Bowen, Toledo.

To Fort Adams, Rhode Island—Captain J. V. Winans, Madison.

To Fort Benjamin Harrison—Captain D. C. Moor, Toledo.

To Fort Des Moines, Iowa—Major F. C. Herick, Cleveland.

To Fort H. C. Wright, Long Island, New York—Captain H. P. H. Robinson, Medina.

To Fort McPherson, Georgia—Lieutenants C. M. Bray, N. C. Mayer, D. V. Rosenberg, Cleveland; Captains H. S. Noble, S. D. Foster, Toledo.

To Fort Oglethorpe, Georgia—Lieutenants F. K. Read, Akron; J. E. Talbott, Alger; C. B. Meuser, Ashland; H. R. Brown, Chillicothe; L. W. Krauss, E. C. Mylett, V. E. M. Osario, F. J. Osborn, Cleveland; Barron Johns, F. J. Sauer, E. A. Klein, H. F. Schell, Cincinnati; C. M. Valentine, Columbus; H. J. Savage, Corning; E. E. Sheffield, Elyria; D. M. Skinner, Hamilton; S. C. Caldwell, Lancaster; W. A. Ort, E. R. Brubaker, Springfield; W. J. Jenkins, St. Paris; M. C. Houston, Urbana; F. E. Miller, Wauseon; L. H. Hauman, West Cairo; E. H. Nagel, Youngstown; Captains J. T. McCartney, Barnesville; A. E. Snyder, Bryan; J. C. Miller, Payne; H. B. Dornblaser; O. C. Rees, Toledo.

To Fort Sam Houston, Texas—Lieutenant H. A. Springer, Dayton.

To Fort Warren, Massachusetts—Lieutenant J. L. Webb, Carbon Hill.

To Hoboken, New Jersey—Lieutenants E. R. Twachtman, A. S. Southwick, Cleveland; D. W. Jones, Columbus; J. G. Smailes, Coshocton; L. A. Mitchell, Newark; A. D. Woodmansee, Washington C. H.; H. M. Rambo, Zanesville.

To Lakewood, New Jersey—Major R. S. Morris, Cincinnati.

To Markeltown, Pennsylvania—Captain H. K. Dunham, Cincinnati.

To Mineola, Long Island—Lieutenant M. H. Urner, Cincinnati.

To Newport News, Virginia—Lieutenant C. W. Betzner, Cincinnati.

To New York City (Cornell University)—Major R. W. Holmes, Chillicothe.

To Orono, Maine (University of Maine)—Lieutenant Edward Remy, Jr., Mansfield.

To Plattsburg Barracks, New York—Lieutenant H. R. Brown, Chillicothe; Captain A. P. Cole, Cincinnati.

To Portland, Oregon—Lieutenant E. D. Allen, Crooksville.

To Rochester, Minnesota—Lieutenant L. G. Sheets, Cleveland.

To Rockefeller Institute, New York—Lieutenants R. H. Markwith, R. B. Stevenson, Columbus; F. C. Payne, Springfield; Captain R. F. Drury, Akron; Major Fred Fletcher, Columbus.

To South Baltimore, Maryland—Lieutenant C. P. Krohn, Morrow.

To Tacoma Park, District of Columbia—Lieutenant G. B. Booth, Toledo; Captain A. H. Freiberg, Cincinnati.

To Watervliet, New York—Captain G. E. Garwood, Colton.

Resigned—Lieutenant C. H. Bailey, East Liverpool.

Patriotic Meeting

Doctors of Shelby and Miami counties held a patriotic meeting at the Chamber of Commerce rooms, Piqua, on Sunday, July 21. Addresses were made by Dr. L. G. Bowers, of Dayton; Major A. G. Farmer of the Wright Field, Dayton, and Capt. Clowe, of McCook's Field, Dayton.

The pre-medical summer courses in chemistry, physics and zoology at the University of Cincinnati are well attended, 75 students having enrolled, as compared with 55 last year. This increase is attributed to the vigorous campaign which is being waged to induce men and women to study medicine.

Help your Patients

The best way to help your patients get well is to make an exact diagnosis. Exactitude in diagnosis is impossible without ACCURATE LABORATORY ASSISTANCE.

Occasionally you hear that the physician is leaning too much on laboratory diagnosis, that he is not doing justice to his physical signs and symptoms. This may be true in some cases, but remember, THE BEST PRACTITIONERS, THE BEST SURGEONS, THE MOST SUCCESSFUL MEN IN YOUR COMMUNITY ARE DAILY USERS OF THE LABORATORY.

The Wassermann Test is Indispensable

It is a fact, of course, that many cases of cutaneous syphilis are easily recognizable by the naked eye. But that is only a small part of the group of syphilitics you are daily confronting. The heredo-syphilitic, the individual with beginning tabes, the man with latent syphilis, the patient with a liver syphilis or a stomach syphilis, or a bone involvement

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We give you another test in addition to the Wasserman, the Hecht-Gradwohl, which adds 30% to the chance of catching a Positive, with no extra charge for it.

Use our Service. Quick Results. Accurate Findings. Free Containers. Comprehensive Interpretation. All other Laboratory Aids, urine, pus, blood, tissue, etc.

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19 West 7th St., Cincinnati, Ohio.

Dr. A. Faller, Director.

Facts About Sickness and Poverty in Ohio

In the midst of plenty, with prosperity abounding, with wages high and the demand for workmen great, large numbers suffer from penury and want, according to a statement issued by the state health and old age insurance commission. This exists in spite of the fact that more than 51 per cent. of the people own their homes, and savings accounts are the largest ever known.

During the fiscal year ending June 30, 1916, licenses under the Lloyd act made 92,700 loans at rates approximating $3\frac{1}{2}$ per cent. a month. This does not include pawnbrokers, over whom the state has no jurisdiction. It is an index, says the commission, to the fact that distress from sickness, old age, accident and other causes is a factor of considerable proportions.

It is estimated that over \$10,000,000 was spent that year for the care of defectives, delinquents, aged and infirm in public institutions, while there is no means of knowing the amount spent in private charities and homes. Average daily attendance in state penal and benevolent institutions was 21,656, at a cost of over \$4,000,000. In city and county infirmaries, \$1,456,944 was spent on 14,306 inmates. In public children's homes, \$505,206 was expended on 5319 children. Outside relief for 6706 persons cost Ohio counties \$228,029. Townships spent \$508,189 to relieve 41,297 persons. There was an expenditure of \$381,187 by the counties to 4203 blind persons. Pensions were given to 4553 mothers at an expenditure of \$416,510.

The maintenance of 29,832 persons in county jails was \$267,107. For 755 soldiers' relief claims, \$182,520 was paid out. Total expenditures by the state and its subdivisions were \$7,617,473.

During 1917, 94,189 cases of contagious diseases were reported to the state health department. There were 3127 cases of typhoid fever, 53,966 of measles, 6454 tuberculosis, 9156 scarlet fever, 5242 smallpox, 4208 pneumonia, 2268 social diseases. It is estimated that sickness rates approximately $2\frac{1}{2}$ to 3 per cent. of the population, and that the average loss of employes from sickness is eight or nine days. The Ohio loss in wages from sickness is estimated at \$30,000,000, which would finance all charitable and health work, public and private.

Evidence at hand indicates, says the commission, that problems of provision for sickness and burial are not adequately met. To meet the contingencies of financial benefits alone, workers paid for burial insurance nearly \$12,000,000 annually to five commercial insurance companies. In return, they received approximately \$5,000,000 in benefits.

Leopold Schaub, M. D., 83, died of infirmities at Grant Hospital, Columbus, August 22. Dr. Schaub was born in Hessen-Cassel, Germany, and came to Columbus in 1860, where he practiced medicine until 15 years ago.

Small Advertisements of Interest

For Sale or Exchange—A Betz body hot air apparatus (for gas or gasoline) for typewriter or microscope. Address G, care *The Journal*.

Position Open—Physician, single, of good address, ineligible for army service, can secure good home and moderate salary by writing undersigned. This position is particularly desirable for one who is not physically able to do general practice, or undertake hard work. X., care *The Journal*.

For Rent—Physician's two-room office building at 791 W. Broad St., Columbus. One square from Mt. Carmel Hospital. One of most desirable locations in the city, having been used for physician's office for 20 years. Renter may have use of 1000-volume medical library. Address Mrs. M. A. Bartley, 791 W. Broad St., Columbus.

For Sale—One portable Campbell X-Ray coil and high frequency apparatus for alternating current. Model E, 110 volts, 5 amperes, 60 cycles. Equipped to give D'Arsonval, thermo-foradic and sinusoidal currents; cautery and diagnostic lamp, complete with instrument cabinet and high frequency chair. Price reasonable. Dr. G. W. Keil, 207 East State St., Columbus, Ohio. Tel. Main 47; Citiz. 19770.

For Sale

One of the oldest practicing physicians, in point of service will retire, and offers for sale modern 12-room residence, with garage, in finest residence portion of city. Splendid opportunity for young physician to establish himself in a city of over 200,000 population. For further particulars address, W, care *The Ohio State Medical Journal*.

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BAD DEBTS turned into CASH. No collections, no pay. Endorsed by physicians and the medical press.

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In consideration thereof, the Association agrees to strive persistently and intelligently to make these collections at no expense to the client and to issue statement on the twentieth day of each month provided the Association has received report from the client.

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Bacteriological, sero-logical, pathological, toxicological and chemical examinations of all kinds given prompt, personal attention.

Full instructions, fee table, sterile containers and culture tubes sent on request.

(As early diagnosis is the important factor in successful treatment it will pay you to utilize dependable laboratory diagnosis early and often.)

Wassermann test for syphilis.....\$5.00
 (Send 3-5 C. c. of blood)

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This serologic test is the very best means of determining the presence or absence (cure) of chronic gonorrheal infection.

Lange's colloidal gold test of spinal fluid..\$5.00
 Differential test; tubercular, syphilitic infection and general paresis.

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Autogenous vaccines

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20 doses vaccine in 2 C. c. vials.....\$5.00

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 ** MEETINGS OF COLUMBUS **
 ** ACADEMY OF MEDICINE **

(Report by Ivor G. Clark, M.D., the Secretary)

The last meeting of the Columbus Academy of Medicine, preceding the summer vacation, was held at the Columbus State Hospital, June 10, 1918, under the auspices of the staff of that institution.

Dr. W. H. Pritchard reviewed the work of the institution for the past year. Dr. Isabel A. Bradley presented a case of Corseca Psychosis. Dr. G. H. Williams showed cases of Dementia Praecox and Senile Dementia due to arteriosclerosis.

 ** MEETINGS OF CLEVELAND **
 ** ACADEMY OF MEDICINE **

(Report by C. L. McDonald, M. D., the Secretary)

COUNCIL MEETINGS

At a meeting of the Council of the Academy of Medicine held Tuesday, May 14, 1918, at the University Club, the following members were

present: The President, Dr. Follansbee, in the chair; Drs. Berkes, Bernstein, Bruner, Chamberlin, Eddy, Cole, Lueke, McDonald, Oakley, Thomas, J. E. Tuckerman, W. H. Tuckerman and Weir.

On motion the following names were ordered published: Dr. M. N. Dassell, Dr. L. W. Brown and Dr. A. A. Wedd, and Hudson D. Bishop.

On motion the following were elected to active membership: Dr. J. R. Thompson, Dr. J. H. West, and Dr. Ermine S. Cryder.

A request from Dr. George L. Lambright to be transferred from the Seneca County Medical Society to the Academy of Medicine of Cleveland was read and referred to the Membership Committee.

A motion to dispense with the regular June meeting carried.

On motion the Secretary was instructed to confer with Dr. Hamman for the purpose of calling a meeting to recruit men for the medical service of the army.

On motion the June Council Meeting was set for the third instead of the second Tuesday in the month.

Drs. Thomas, Follansbee, and McDonald were appointed a committee to submit to the Red Cross a list of names of members of the Academy who might be called for advice or consultation in cases where such help is desired.

Adrenalin in Hay Fever

IN either of the forms mentioned below, Adrenalin, in a vast majority of cases, provides a rational and effective treatment for hay fever. Sprayed into the nostrils, this powerful astringent constricts the capillaries, arrests the nasal discharge; minimizes cough, headache and other reflex symptoms; hastens the resumption of natural breathing, and secures for the patient a marked degree of comfort.

ADRENALIN CHLORIDE SOLUTION.

For spraying the nose and pharynx (after dilution with four to five times its volume of physiologic salt solution).

Supplied in ounce bottles, one in a carton.

ADRENALIN INHALANT.

For spraying the nose and pharynx (full strength or diluted with three to four times its volume of olive oil).

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Surgical Wax

For use in the hot wax treatment of burns, surgical wounds and similar lesions.

It is unapproached in purity and may be applied without incorporating with it any therapeutic agent.

Many advanced workers advocate its use in that manner.

However, surgeons may use it as a base for any of the published formulas, and may be assured that it is the purest and best wax that modern science can produce.

It conforms to the requirements of the Council of Pharmacy and Chemistry of the American Medical Association.

Stanolind Petrolatum

In Five Grades

"Superla White" is pure, pearly white, all pigmentation being removed by thorough and repeated filtering.

"Ivory White," not so white as Superla, but compares favorably with grades usually sold as white petrolatum.

"Onyx," well suited as a base for white ointments, where absolute purity of color is not necessary.

"Topaz" (a clear topaz bronze) has no counterpart—lighter than amber—darker than cream.

"Amber" compares in color with the commercial grades sold as extra amber—somewhat lighter than the ordinary petrolatums put up under this grade name.

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Manufacturers of Medicinal Products from Petroleum

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Dr. Quigley requested that Dr. Geo. Thomas be appointed to the Civic Committee. This was granted.

At a meeting of the Council held Tuesday, June 18, at the University Club, the following members were present: Drs. Oakley, Weir, Quigley, Updegraff, Chamberlain, Lueke, Thomas, Berkes, Eddy and W. H. Tuckerman.

In the absence of Dr. Follansbee, Dr. Oakley presided.

On motion the name of the following applicant for active membership was ordered published—Arthur T. Carter, M. D.

A communication from the American Red Cross with regard to organization of personnel of Naval Station Hospitals was read. Moved by Dr. Chamberlin that copies of the communication with such other information as Dr. Berkes had at hand be posted in the Medical Library and various hospitals. Carried.

A communication from Dr. Henry C. Kelker was read calling attention to lack of careful medical supervision of athletic contests in high schools. On motion by Dr. Updegraff this was referred to the Grievance Committee.

Dr. Quigley requested that Dr. Prendergast be made a member of the Civic Committee. Granted.

A communication from Dr. H. F. Biggar was read. Moved by Dr. Updegraff that the Secre-

tary write Dr. Biggar that his communication of June 4th had been duly considered and that his explanation had been accepted and that the Academy had no intention of making any ruling which would be retroactive. Carried.

Moved by Dr. Updegraff that since the experience with the attempt to pay absent members or their dependents 40% of money collected from treatment of patients of absentees had proved unsatisfactory, the Academy rescind its action on this matter. Carried.

COUNTY SOCIETIES

FIRST DISTRICT

Adams County Medical Society held its regular session in West Union, June 19, with a good attendance. Dr. S. J. Ellison, home from Army service on furlough, was the principal speaker. In his address he detailed interesting features of the work of an Army medical officer. The annual election of officers resulted as follows: President, R. Y. Littleton, Stout; vice-president, T. S. Stephenson, Winchester; secretary-treasurer, O. T. Sproull, West Union; state meeting delegate, T. C. Crawford, West Union.

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We shall be pleased to send you our new *Physician's Price List and Therapeutic Index.*
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Two new members—Drs. L. H. Leonard and S. R. Carrigan, of Manchester, were admitted. A committee was appointed to formulate a new fee bill with advanced rates for services for the consideration of the society.—O. T. Sproull, Correspondent.

Butler County Medical Society met in the Hamilton Y. M. C. A. building, July 3. Dr. Harry Silver of Middletown gave an interesting report of the meeting of the American Medical Association in Chicago and Dr. Louis Heyn of Cincinnati presented a paper.—Mark Millikin, Correspondent.

SECOND DISTRICT

Darke County Medical Society, meeting in Greenville June 13, listened to addresses by two Dayton physicians. Dr. W. C. Clagett read a paper on "Eclampsia," and Dr. C. C. McLean spoke on "Anesthesia."

Greene County Medical Society in regular monthly session, June 6, endorsed resolutions presented by the Cincinnati Organization of Women Physicians for Federal Recognition, asking admittance to the Medical Reserve Corps of the Army.—R. K. Finley, Correspondent.

Preble County Medical Society held its monthly

meeting at the Commercial Club, Eaton, June 27, with ten members present. After the business session Dr. W. C. Clagett of Dayton presented an interesting and instructive paper on "Puerperal Eclampsia," which was followed by a general discussion and the reporting of many interesting cases by the members present.—S. P. Carter, Secretary.

THIRD DISTRICT

Hardin County Medical Society, meeting in Kenton, on July 3, elected the following officers: President, W. H. Rabberman, Forest; vice-president, C. R. Blosser, Dunkirk; secretary-treasurer, W. A. Belt, Kenton.—W. A. Belt, Correspondent.

Logan County Medical Society held its July meeting at the home of Dr. S. L. Zurmehly in Rushsylvania on the 5th inst. One of the most interesting programs of the year was enjoyed and a good attendance featured the meeting. Dr. W. S. Phillips of Belle Center read a paper on "The Hygiene of Childhood and Youth;" Dr. W. W. Hamer read a paper on "Pyosalpingitis;" and Dr. Zurmehly spoke on "Tedious Labors." Dr. Hamer also reported on the recruiting meeting which was held in Cleveland under the auspices of the medical section of the State Council of Defense, and emphasized the urgent need for

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Sciatica, too, is a logical indication for Atophan and one in which it is constantly reported to do exceedingly well. Especially the acute exacerbations seem to yield readily to several 7½ to 15 grain doses (one, or two, tablets).

Here is an actual occurrence: A desperate Neuralgia sufferer took 150 grains of Atophan in one day. Result: prompt disappearance of pain; as for ill-effects, only passing nausea. Forty-five grains would have sufficed.

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There are now three Puffed Grains — Wheat, Rice and Corn. All are prepared under Prof. Anderson's process.

In all of them every food cell is blasted by a separate steam explosion. They are twice better fitted for digestion than the average well-cooked grain.

We seal the grains in guns, then roll them for an hour in 550 degrees of heat. Then shoot the guns and thus explode the steam created inside every food cell.

The grains come out as toasted bubbles, puffed to eight times normal size. They are thin and crisp and savory — fascinating foods.

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physicians for Army service. At the conclusion of the program Mrs. Zurmehly served refreshments which were enjoyed by all.—Guy J. Kent, Correspondent.

FOURTH DISTRICT

Ottawa County Medical Society met in Oak Harbor, June 14. Dr. Metzker of Tuscan, Arizona, was present as a guest and spoke on "Syphilis of the Lungs" and the differential diagnosis of syphilis. Dr. Metzker reviewed a number of interesting cases.

The July meeting was held on the 12th inst., when Dr. Fred Ingraham of Curtice presented a paper on "Diet in Typhoid Fever." The paper was discussed at length.

We have lost by death three of our members in the last two years, who were very faithful attendants, but we have quite a number of M. D's. in the county, who have been dead always, as far as attending medical meetings is concerned. It does seem to me, that under the stress of war, they would see that the worst enemies of the nation are those who practice "general apathy." We can't all go to France, but there is work—big, useful work—for every M. D. and the medical society meetings offer an opportunity to get together and decide how we can best dedicate our services to the task with the spirit of our President.—S. T. Dromgold, Correspondent.

Sandusky County Medical Society held a well attended session in Fremont June 27. A committee was appointed to take charge of the library of more than 1,000 volumes which was bequeathed the society by the late Dr. Martin Stamm.

SIXTH DISTRICT

Ashland County Medical Society met in Good Samaritan Hospital, Ashland, June 18, with ten members present. The society voted, unanimously, to close offices on Sunday afternoon and evening and on Tuesday and Friday evenings, emergency work to be cared for as usual.

Portage County Medical Society held its regular monthly meeting at the office of W. B. Andrews, Kent, on July 11 with an attendance of 17. We had as guests of honor eight members of the Summit County Society and were urgently requested by Secretary McCormick, who was one of the visitors, to return the call. Dr. T. K. Moore of Akron presented a paper on "Common Diseases of the Eye," which brought forth a good discussion. Lieutenant B. H. Nichols of Ravenna, now stationed in New York City, gave a splendid talk on "Diagnosis of Diseases in and about Joints." Dr. Nichols is one of Portage County's patriot physicians and we were glad to welcome him back for a short furlough.—W. B. Andrews, Correspondent.

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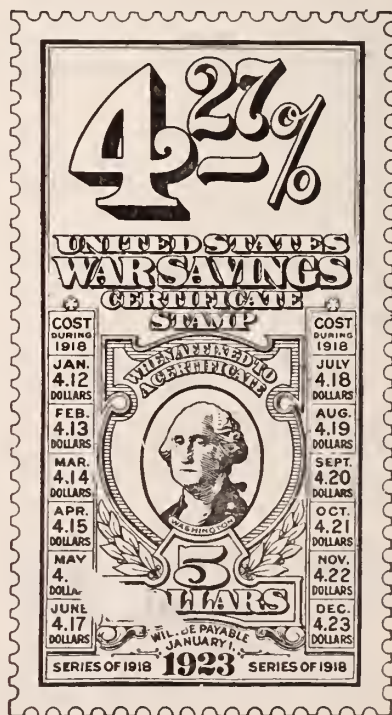
Q Session opens Sept. 26, 1918; closes June 12, 1919. Tuition, \$150.00.

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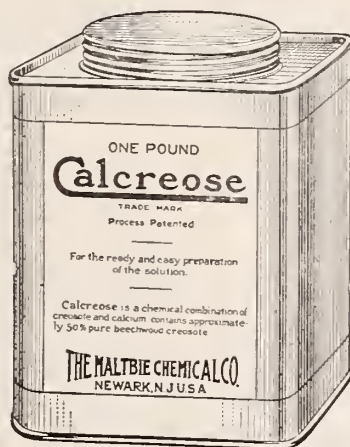
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DEATHS IN OHIO

Howell Cobb Davies, M. D., University of Pittsburgh, 1897; aged 34; died at his home in Youngstown, June 9, from pernicious anemia. His wife and one son survive.

Orlando A. Dimmick, M. D., University of Michigan, 1869; aged 80; died at his home in Chardon, June 6. Dr. Dimmick was a veteran of the Civil War. He is survived by one son.

Charles F. Ginn, M. D., Cleveland University of Medicine and Surgery, 1881; aged 78; died in his office in Dayton, July 4. of apoplexy. Dr. Ginn had practiced in Dayton for 35 years. He is survived by one son, Dr. Curtiss Ginn of Dayton.

George Alfred Hurst, M. D., Eclectic Medical Institute, Cincinnati, 1884; aged 70; died at his home in Dorset, May 12.

J. H. Mattingly, M. D., Medical College of Ohio, Cincinnati, 1885; aged 58; former member of the Ohio State Medical Association; died at his home

in Johnstown, June 4, of heart trouble. His mother, three sisters and one son survive.

William S. Purkhiser, M. D., Eclectic Medical College, Cincinnati, 1898; aged 54; died at his home in Moscow, June 4, after an illness of several months. Dr. Purkhiser practiced in Moscow for eighteen years and served as coroner of Clermont County for a number of years. He leaves his mother, two sons, three brothers and one sister.

John H. Saylor, M. D., University of Pennsylvania, School of Medicine, Philadelphia, 1862; aged 82; a resident of the village of Groveport for 52 years; died, July 6, at Grant Hospital, Columbus, after an illness of a week and following an operation. Dr. Saylor served in the Union Army during the Civil War as a surgeon. His widow and ten children survive.

Robert McDonald Shannon, M. D., Starling Medical College, Columbus, 1896; aged 49; member of the Ohio State Medical Association; a Fellow of the American Medical Association; died at his home in Piqua, June 23, of meningitis. For 23 years Dr. Shannon had practiced his profession in Piqua, coming to that city soon after receiving his degree, and in those years he won

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Dr. R. C. Knode, Scotts Bluff, Neb., while driving through a sandy stretch of road, lost control of his car, was thrown out and instantly killed.

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Dr. W. R. Wall, Cleveland, Ohio, was driving on an oiled boulevard when his car skidded and "turned turtle," killing the doctor instantly.

He had paid the P. C. A. a total of \$103.00, for which his widow received \$5,000.

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the confidence and esteem of the entire community in a marked degree. He served a term as president of the Miami County Medical Society and for many years was a member of the city board of health. Surviving are his wife, father, one sister and one brother.

Samuel Toman, M. D., Medical College of Ohio, Cincinnati, 1882; aged 72; died at his home in Dayton, June 28. He leaves two daughters and one son.

Brady O'Neill Williams, M. D., University of Pennsylvania, School of Medicine, Philadelphia, 1873; aged 71; a member of the Ohio State Medical Association; a Fellow of the American Medical Association; died at his home in Martins Ferry, June 28, of apoplexy. Dr. Williams is survived by his wife and three sons. One son, Dr. Philip F. Williams, is now serving as a captain in the Medical Reserve Corps of the United States Army in France.

Marriages in Ohio

—Dr. Fred Lawville Rhodes of Toledo, lieutenant, Medical Officers Reserve Corps, and Miss Mary Z. Howard of Columbus, June 4.

—Dr. Arthur Merrill Schaeffer of Lancaster, lieutenant, Medical Officers Reserve Corps, and Miss Anna Lou Hyde of Columbus, June 27.

—Dr. Reed Albert Shank of Cincinnati, lieutenant, Medical Officers Reserve Corps, and Miss Melba Hatfield of Welsh, West Virginia.

—Dr. Clyde Hiteshue Cable of Canton, and Miss Bernice Rowe of Cleveland.

—William John Zopf and Mrs. Sarah M. Hoover, both of Findlay, recently.

Tri-County Society Meets

The Tri-County Medical Society, comprising Mercer, Paulding and Van Wert Counties, held its second annual meeting at Nickerson Park, Celina, on July 9. The program, as furnished by Dr. R. J. Morgan of Van Wert, president of the society, follows: 1. A Defense for the Stomach, J. W. Wilson, Van Wert. Discussion opened by M. L. Downing, Rockford. 2. Scientific Medicine vs. Commercial Medicine, D. H. Richardson, Celina; Discussion opened by J. W. Cartwright, Payne. 3. Duodenal Ulcer, Don F. Russell, Paulding; Discussion opened by B. L. Good, Van Wert. 4. Remote Ailments Due to a Faulty Nose, Willard Monfort, Detroit, Michigan.

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Session: The 74th annual session begins Sept. 12, 1918, and continues eight months.

Tuition: \$120 per year; matriculation fee, \$5.00.

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¶ Thirty-third annual session begins September 23, 1918. Applications should be filed with the Secretary before August 1, 1918.

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Lay Press of Ohio Is Giving Intelligent Consideration to Medical Problems

One of the interesting developments of the war has been the increased interest in medical problems shown by the lay press, and laymen generally. When war came, and troops were mobilized, the doctor became a factor of great importance, and as reports from the front have emphasized his importance to the fighting forces, the public has turned its attention to medical problems. It is a point that will have a great bearing on the future, as the opposition of the public to medical progress always has been engendered by ignorance of the aims of the profession, and a lack of understanding.

This summer, newspapers throughout the state have devoted considerable space to discussion of medical education problems, and to the conservation of medical practice. The following editorial from the usually radical *Cincinnati Post* is a good example:

"The principle of selective service which has raised for America a splendid army, without inflicting great industrial or social hardships, should be applied also to other war needs calling for man-power.

"For instance, the need for army doctors.

"Tho for the purpose of raising a fighting army we have abandoned the volunteer system as in-

efficient, unjust and undemocratic, we still are using it to get doctors for the army.

"A call has been issued for 500 Ohio doctors to volunteer for medical service in the war, and, apparently, those who volunteer are to be accepted, regardless of whether they would be of better service at home.

"This method, or rather, lack of method of raising a sufficient medical force for the army already has resulted in a loss of 50 professors and instructors at the Medical School of the University of Cincinnati, and six at the Electric Medical College.

"Among the professors of the University Medical School and the staff of the Cincinnati Hospital who have gone into the army are such men as Dr. Christian R. Holmes, dean; Dr. Frank B. Cross, Dr. R. S. Morris, Dr. Paul Wooley, Dr. William Gillespie, Dr. Albert Freiberg, Dr. R. D. Maddox, Dr. Alfred Friedlander, Dr. H. L. Caldwell and Dr. Starr Ford.

"All honor to them and their sacrifice, but it detracts no whit from their glory to ask whether by a method of selection some of them ought not have been spared for war service at home, no less important than the service to which they have dedicated themselves.

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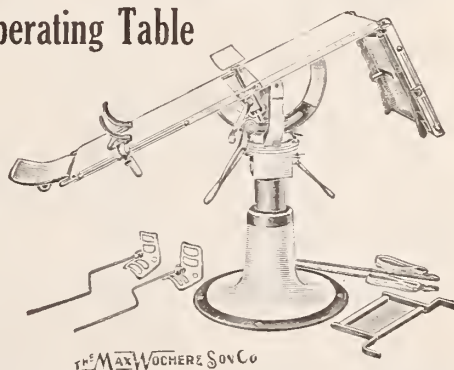
Refer to Dr. Sherman's article, Surgery, Gynecology and Obstetrics, March, 1917, on The Carrel Method of Wound Sterilization.

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"But if the best medical instructors in the city go into the army, it follows there eventually will be a let-down in the efficiency of the training of the young doctors who are to answer the annual call for 4000 additional doctors.

"We are preparing for several years of war. Obviously, it is a wrong kind of preparation that takes away those who can be counted as most efficient in training men for future service.

"The selective service system of raising an army was established so that there would be no derangement in the industrial preparation for the victory that must be won. How fallacious, then, is the unrestricted volunteer system by which the medical corps keeps up its forces!

"If it is impossible to select doctors as soldiers are selected, then there should at least be restrictions on the volunteer method of getting doctors for the army. There should be established a method of selection that would keep at home those who are competent to instruct others for medical service in the army.

"From what we know of doctors, there should be no difficulty in getting a sufficient number for army service without deranging the teaching forces."

Danger in Lye Labels

Dr. Thomas Hubbard, Toledo, in a paper before the Section in Laryngology, Otology and Rhinology, A. M. A., reported seven cases in more or less detail as the basis of an appeal to legislators to compel proper labeling of lye cleaners. Three cases exhibiting gastric symptoms, two fatal, were mentioned. Four cases of stricture were detailed, the youngest patient one year of age. Three were the result of careless handling of caustic alkali products, and all were labeled to mislead the housewife and encourage careless exposure. Two of the patients were *in extremis*, water hungry to the limit. In one, the baby, the stricture was the hiatal orifice. In the other two the strictured area in evidence a few months after accident began opposite the bronchial region and extended to the cardia. In all, deglutition was restored satisfactorily, but all cases must be watched for years to encourage development with growth. One case of concentrated sodium hydrate corrosion of lower five inches of esophagus came to gastrostomy in the second month. Subsequently retrograde dilatation was successful and this was followed up by dilatation *per tubam*. The esophagoscopic control of the bougie was a safety measure. The Sippy method was advocated and in one case the thread guide aided in passing the Sippy wire guide. On the whole, this method seemed very successful, but all precaution details must be followed.

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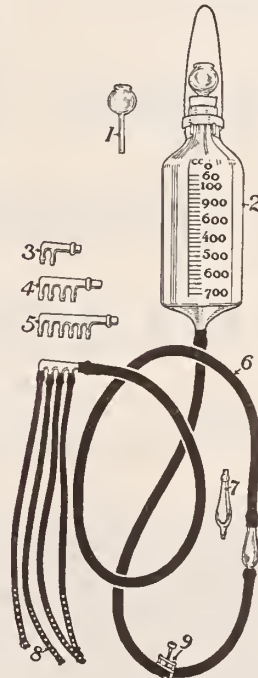
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OHIO HOSPITAL NOTES

Thousands of persons were shown through the new Mercy Hospital at Toledo during the three-day dedicatory program which was held June 21-23. The first day's program consisted of sacred ceremonies, and the other two were devoted to public inspection of the new institution. On the second day Dr. James J. Walsh, dean of Fordham University, addressed a large public gathering on the spacious hospital grounds, at which medical men of Toledo and the community were guests of honor.

In equipment and efficiency the new hospital is said to be the last word. It has been erected at a cost of \$300,000, and is so arranged that four more units of practically the same size can be added when needed. There are seventy-six private rooms, large enough to accommodate two patients if necessary.

The basement floor comprehends all of the mysteries of scientific housekeeping, a large X-ray and developing room, a section for the treatment of alcoholic cases, and an emergency receiving room and emergency operating room. The laboratory, nurses' drug room, guests' din-

ing room and general store room are also located on this floor.

The first four floors contain internes' rooms, service rooms, chart rooms, diet kitchens, private rooms and bed rooms. Each floor is complete in itself with clothes chute, incinerator, cleaning apparatus, and all appliances for the care of patients on that floor. The sixth floor has, in addition, completely equipped operating rooms, sterilizing, specialists' operating, anesthetizing, doctors' wash rooms, and a six-bed ward. The large power house, laundry and sewing rooms are situated in separate buildings.

No detail has been overlooked in insuring comfort for the patient. A pleasant instance of a strictly scientific innovation is the cork flooring which has been used throughout the building. Aside from being soundless, it is soft and pleasant to the feet and restful to the nurses. Another precaution against noise is the location of elevators nine feet off from the corridors, with doors shutting off the latter.

The board of directors, headed by Dr. C. N. Smith, has extended an invitation to an approved list of Toledo physicians to avail themselves of the facilities of the new hospital. Its staff will not be completed during the war because of the absence of many physicians at the front. The Sisters of Mercy constitute the nursing staff.

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Cystitis—Urethritis Pyelitis—Prostatitis—Bacilluria

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Importance of Bakers' Yeast

THE most valuable contribution yet made to the subject of yeast therapy is to be found in the recent researches of Philip B. Hawk, Ph. D., Jefferson Medical College, and associated physicians.

Dr. Hawk's report (Journal A. M. A., Vol. LXIX Number 15) refers to previous researches carried out with brewers' yeast, or special yeast preparation, and emphasizes the statement:—

“* * * we have thought it of importance to make a comprehensive study of the curative value of ordinary bakers' yeast, since that is the most available kind.”

The study was made of ninety-one cases: fifteen tests on normal persons and seventy-six pathological subjects. All cases were treated with FLEISCHMANN'S COMPRESSED YEAST—the same yeast used by bakers and housewives in making bread, and obtainable from grocers generally.

Fifty Cases were Improved or Cured

out of fifty-two cases of furunculosis, the acnes and constipation. The treatment was also useful in acute bronchitis, urethritis, conjunctivitis, swollen glands, folliculitis, gastro-intestinal catarrh, intestinal intoxication, arthritis deformans and duodenal ulcer. Sixty-six out of the seventy-six cases responded.

Fleischmann's Compressed Yeast, identical with that used by Dr. Hawk, may be secured fresh, daily, in most grocery stores. Or, write The Fleischmann Co. in the nearest large city, and it will be mailed direct on days wanted.

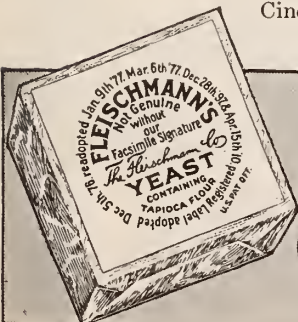
Dr. Hawk's report, in pamphlet form, together with information on the production of the yeast, is being distributed to physicians. If not received, a copy may be had upon request.

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Fleischmann's Compressed Yeast

—Charles O. Gross, formerly superintendent of the Springfield (Illinois) Hospital, has been appointed superintendent of Massillon City Hospital.

—A hospital for the treatment of venereal diseases has been opened at Ross County infirmary.

—Hamilton County Commissioners recently passed resolutions asking the state to take over Longview Hospital. Longview is the only institution of its kind in the state that is not owned by the state. The board of administration pays for the maintenance of all inmates and the salaries of all employees, but has no jurisdiction over the institution. Dr. Lydia Pogue of Paris, Kentucky, was appointed assistant physician at the hospital recently.

—Lancaster City Council has authorized a \$15,000 bond issue for the purpose of erecting a nurses' home at the City Hospital.

—During the year which ended May 31, Middletown City Hospital operated at a loss of \$10,243.

—Ohio, with five per cent. of the entire country's tuberculosis, should have 5,000 hospital beds for the adequate care of victims of the disease, whereas it has only 1,500. The state now has in operation five district hospitals, maintained by 22 counties, and three new groups of counties are considering the proposition of organizing districts for the erection and maintenance of such hospitals. One of the tentative districts is composed of Jefferson, Harrison, Belmont, Carroll and Tuscarawas Counties; another includes Seneca, Wood, Hancock, Crawford and Wyandot Counties, and another comprises Trumbull, Ashtabula, Geauga and Lake Counties.

—Many Ohio physicians attended the X-ray clinic conducted at the new Mansfield General Hospital during early June by Professor Edward C. Jerman of Topeka, Kansas.

—An orthopedic clinic has been established at the Akron Children's Hospital.

—The contract has been let for the erection of a two-story brick addition to the Smith Memorial building at Miami Valley Hospital, Dayton. The addition will afford 24 private rooms and two three-bed wards beside bathrooms and treatment rooms, and will cost approximately \$40,000.

—At a meeting of county commissioners of Columbiana, Mahoning, Portage, Stark and Summit Counties, June 14, it was decided to make Springfield Lake Sanatorium a hospital for curable rather than incurable cases of tuberculosis. The commissioners have under consideration the plan submitted by the state department of health of establishing sub-hospitals in each of the counties of the district, with a medical superintendent and nurses to care for incurable cases. The initial cost of this system would be approximately \$50,000.



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(1918)

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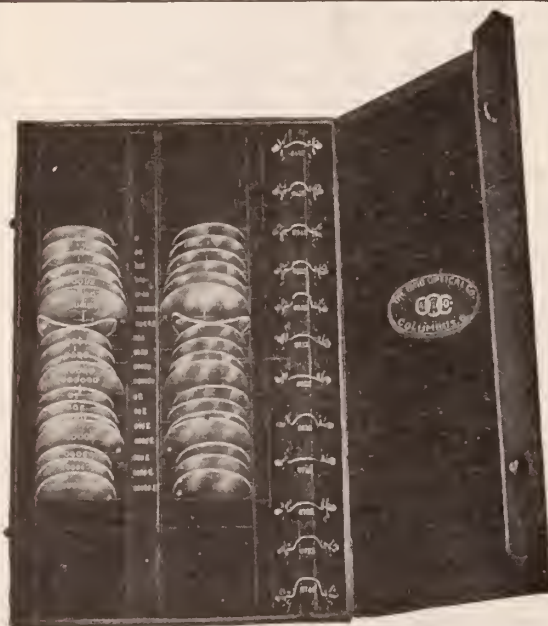
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Editorials

NO STATE MEETING THIS YEAR

Because of war conditions and the tremendous war demands made upon the medical profession, all plans for the seventy-third annual meeting of the Ohio State Medical Association, which was to have been held in Columbus during the first week in October, have been abandoned.

Council of the State Association, at the direct request of the Medical Section of the Ohio Council of National Defense, and after a thorough canvass of the situation, voted unanimously on August 25 to cancel all arrangements for the meeting for this year and to devote the entire resources of the Association to the "win the war" program.

Before taking this drastic action members of Council laid the matter squarely before a conference of medical representatives from each county in the state which had been called to consider the military medical situation. These men, representing the profession in 77 counties, were unanimous in urging the abandonment of the State Association meeting this year.

At the meeting of Council on August 25 was adopted the following resolution, which sets forth the main reasons for this unprecedented action:

"Be it resolved that the Council of the Ohio State Medical Association, in session in Columbus on August 25, do hereby order the cancellation of all arrangements for the annual meeting for 1918 for the following reasons:

"First, in response to the urgent and unanimous request of the executive committee of the medical section of the State Council of National Defense, which by formal resolution requested the Association

to take such action in view of the fact that during the fall and winter months radical changes are to be made in the methods of securing a sufficient number of physicians for the enlarged Army, and in working out the details of supplying an adequate civilian medical service. The request set forth two main reasons: (1) That in working out the new Volunteer Medical Service Corps plan the state committee would require executive offices and clerical help that could only be furnished by the Ohio State Medical Association, and (2) that the holding of a state meeting early in October would unnecessarily complicate the medical recruiting situation at a time when the complete attention of the medical profession should be given to this work and to the collateral task of protecting the civilian population.

"Second, Dr. Charles S. Hamilton, the medical head of the draft board machinery in the state, called attention of Council to the fact that all draft boards probably would be in full operation and unusually busy during the coming months in dealing with the new draft act. It would be impossible for hundreds of doctors who usually take an active part in the State Association meetings to attend for this reason.

"Third, the program committee and practically all of the section officers reported that it would be almost impossible to present a worth-while program because so many of the essayists on the original program had been called to active military service. In this connection it was pointed out that thus far the committee had been unable even to secure men to deliver the annual orations, and that the possibility of securing men of first grade was remote.

"Fourth, the local committee on arrangements reported that an annual meeting this year would be expensive to the

Association, as a large part of the income usually derived from exhibitors would be lacking because the exhibitors would understand the meeting at best would have a very small attendance.

"Be it further resolved that the Council request all members of the Association to support them in this action, which was prompted by a desire to conserve the best interests of the country, the profession of Ohio, and the Association."

* * *

The resolution, after thorough discussion by all of the members of Council who are still in the state, was unanimously adopted.

Since the action was made public through the press, expressions of approval have been received at the offices of the State Association from various sections of the state. It is conceded by a large proportion of our members that it was the loyal and patriotic thing to do.

In this connection it might not be amiss to mention the highly complimentary editorial comment of the lay press throughout Ohio. Leading newspapers and editorials cited this action on the part of the Association as another evidence of the loyalty and public spirit of the medical profession and of its material aid in the great task of winning the war.

* * *

The fact that the state meeting has been abandoned does not mean that the regular activities of the State Association will be curtailed. It is the unanimous opinion of all that during the war it is most necessary that the profession be better organized than ever before. It is already clear that the war is certain to make many radical changes in the conditions surrounding medical practice in this country—changes that have been brought

about even prior to this time in the Allied countries. While the chief business of the Ohio State Medical Association from this date forward will be to extend every aid to the government, careful attention will be paid at the same time to the continued development of an association that will be equipped to deal thoroughly with the after-the-war conditions.

* * *

In order to be prepared for the session of the legislature which convenes in Columbus next January, and which may take up the consideration of state health insurance, it is probable that President E. Otis Smith will call a conference of legislative representatives from each society to meet in Columbus during the latter part of the year. At this session the legislative situation will be outlined in detail and county representatives will be asked to determine the policy of the Association in dealing with the legislative problems.

It is now apparent that the Association will be unable to fight dangerous legislation before the next session of the General Assembly in the same manner that we have fought in the past. With thirteen hundred of our members in military service and with hundreds of others preparing to go or engaged in semi-military work, the closely knit legislative machine that operated so thoroughly in prior years will be impossible.

On the other hand, the profession this year will find a tremendous ally in a changed public sentiment. Even the unthinking are beginning to be impressed by the service which the medical profession is rendering to the country and the world at large. In the great emergency that war has created the isms and pseudo cults are playing no part whatever. It has needed an emergency of this kind to bring the country to a thorough understanding of their real value. If there is any justice left in the land—and we believe there is—the public generally will not countenance legislative raiding during the period of

the war upon a profession that has sacrificed everything to help win the war.

* * *

Essayists who have prepared papers for the meeting are asked to submit them to the Publication Committee (care of the Columbus office) for publication in forthcoming issues of *The Journal*.

New Volunteer Medical Service Corps Plan

Just before this issue of *The Journal* went to press we were advised from Washington that there had been a radical change in the plan of organizing the Volunteer Medical Service Corps and that the previous regulations governing its organization had been materially modified. This necessitated a radical change in the application blanks for membership in such corps, copy of which blank was printed in the last number of *The Journal*. In a general way, the new regulations provide that every physician in the United States shall apply for membership in the new Volunteer Medical Service Corps, and that through its central governing board, acting in conjunction with state central governing boards, men shall be drawn from this corps both for the Army and Navy and for necessary civilian service.

Probably before this issue of *The Journal* reaches you more specific instructions will be issued by Washington. We are advised that Washington will forward to each doctor in the state a revised application blank for membership in the new corps.

All persons who have filed their applications on the old blanks will be asked to fill out the new blanks and forward them to Washington.

The State Council of Defense, Medical Section, which has charge of the organization of this corps in Ohio, has appointed a representative in each county. It will be the duty of this representative to get in touch with every physician immediately and to urge enlistment in this new Volunteer Medical Corps.

Cancer of the Breast*

J. H. Jacobson, M. D., F. A. C. S., Toledo, Ohio

THE mortality from malignant disease of the breast constitutes about 10 per cent. of all deaths from cancer in women. The problem of eradicating this mortality is obviously dependent upon the solution of the entire cancer question. Although the general mortality from breast cancer is all too high, its surgical cure from radical operations gives end results which rank among the very best for cancer operations in general. It would seem from the situation of the breast and the ease with which it may be examined and operated, that the percentage of cures should be much higher.

In summarizing our knowledge of mammary cancer it may be said that although the exact etiology of the disease is unknown, it seems certain that benign tumors and inflammations are predisposing factors of great etiologic importance. It is well known that breast cancers, like all other carcinomata, are in the beginning localized growths, the duration of this localization period being uncertain and indefinite.

Our knowledge of the morbid anatomy, the mode of extension through the lymphatics, the direction of metastases, as well as a fairly accurate classification of the varieties of breast cancer, seems to be well established. We also know that a very large per cent. of patients suffering from cancer of the breast do not come for treatment until the condition is well advanced. In such cases the diagnosis is easy. In the early stage before lymphatic involvement has taken place, the differential diagnosis is often difficult. The clinical manifestations and physical signs of benign tumors and early malignancy are often identical.

Experience has demonstrated that the radical surgical treatment gives such patients the only hope of cure. Statistics seem to indicate that from 30 to 40 per cent. of all patients operated by the radical method survive the three-year period.

In the accompanying table I have endeavored to give some of the recent end results from the radical operation for breast cancer. It is exceedingly difficult to obtain uniform reports of cancer operations, for the reason that each surgeon uses a method of compilation of his own. There is a great need for some standard method of compiling end results from cancer operations. End results following operations for cancer of the breast should not be given for the three-year period only, as the three-year period has proved itself to be inaccurate; the same may be said of the five-year period. An eight-year period in which there has been an entire absence of re-

currence seems to be the logical time for estimating the number of complete cures.

END RESULTS FOR RADICAL OPERATION					
Mammary Cancer.			Pub. during past 10 yrs.		
Operation	No. operations	Traced	Alive 3 years	Alive 5 years	Alive 5 to 10 or more.
1 Olden-Kocher 1876-1896	212		31%		
2 Ochsner 1897-1907	164	98	34 or 20.73%	22 or 13.35%	5 or 3.04%
3 Jonas, A. F.	211	177	105 or 56.7%		
4 Cabot	42	42		9 or 21.42%	
5 Greenough Simmons Barney 1894-1904	416	376	64 or 12.98%	43 or 10.33%	43 or 10.33%
6 Halstead To Jan. 1907	204	191		49 or 24.01%	Ten patients known to have recovered after 5 years
7 Rodman	50		36 or 72%	24 or 48%	Seven alive more than 10 yrs.
8 Judd Mayo Clinic 1902-1912	608	514	45%	40%	19 or 3.11%
9 Oliver, J. C.	100	96	41 or 41%	24%	24 or 24%
10 Willy Meyer 1894-1916	125	68		22 or 32.35%	A number alive for longer period
11 Horing	195	41	14 or 7.17%	13.84%	27 or 13.84%
12 Borelius 1898-1909	138		27 or 35%	6 or 4.34%	12 or 8.69%
12 Steinthal	68 29		29.4% 51%		
13 Deaver McFarland 1898-1913	506	175	65 or 12.84%	9.68%	49 or 9.68%
14 Mar. H. Siirala	134		28 or 21.1%		
15 LeDenty	59				Nine actually living and well from 4:19 yrs. Average 11½ yrs.
15 Ribiera	135			44%	44%
15 Joannesco 1898-1908	66	66	16 or 24.24%		
Totals	3462	1866	32.86%	23.77%	

* Read before a joint session of the Medical and Surgical Sections, Ohio State Medical Association, in annual session at Springfield May 16, 1917.

In the table there is a resume of 3462 radical operations for breast cancer. The records show

that only about one-third have been traced (1866). Of these 32.86 per cent. were well after the three-year period, and 23.77 per cent. at the five-year period. It will thus be seen that the percentage of cures is less than it is generally thought to be.

The modern breast operations based upon principles as first advocated by Halstead and Meyer are sufficient to remove all of the disease before metastasis in the internal organs has taken place. The value of post-operative X-ray treatment in preventing not only local recurrences, but intra-thoracic recurrences as well, seems to have been proved.

In view of these facts it is evident that if we are to improve the results from the surgical treatment of this formidable disease, it is necessary that more of such patients be subjected to an early operation. This can only be done when the chances of cure from operation are the very best.

We must go even a step further and attack the disease in its pre-cancerous stage by removing all predisposing factors, such as benign tumors, cysts and inflammations. The early diagnosis of breast cancer is, therefore, the most important question for us to consider.

It seems to the writer that there should be a general change in the character of all contributions on the subject of cancer. There should be more papers dealing with the early diagnosis of cancer, especially regarding the more frequent forms as they appear in the classic situations in the body. The need of laboratory research in the discovery of the etiology as well as many other problems relating to cancer is of the very highest importance, yet at the present time there is also a need for clinical research dealing with the early recognition of the disease.

In reviewing the literature for results from the early surgical treatment of cancer, and especially breast cancer, one is always impressed with the fact that in the majority of cases an early diagnosis was not made. This fact can usually be explained, *first*, through carelessness or procrastination on the part of the medical attendant; *second*, the patient has failed to consult a physician when the trouble first began; *third*, from the fact that this disease often begins so insiduously and reaches an advanced stage before the patient is aware of the trouble; *fourth*, that there seems to be an over-confidence or a mistaken idea of the value of surgical operations in the advanced stages of cancer. The limitations of the radical operation for breast cancer do not seem to be well understood.

The early diagnosis of breast cancer has always been difficult, not only to the general physician but to the most experienced surgeon as well. In the time allotted to me in this symposium, I desire to emphasize particularly the necessity for an early diagnosis and to consider briefly the

methods and means at our command for the early recognition of cancer of the breast. We must direct our efforts and clinical research toward the diagnosis of cancer of the breast before axillary lymphatic involvement takes place; we must not wait until such glands are enlarged in order to confirm the diagnosis. We must diagnose the disease in the stage in which as Deaver¹³ states, "80 per cent. of such patients can be cured."

When one undertakes the study of the differential diagnosis of breast tumors he is at once impressed by the many varieties and classifications of such tumors. So great are the numbers and various forms of classification of breast tumors that they often form a subject for jest and even ridicule in some of our books dealing with this subject. There is great need for simpler classification of breast tumors as far as the carcinomata are concerned. It would be much better for the early diagnosis if we used the classification as adopted by Deaver, viz:

1. Scirrhus, or hard cancer.
2. Medullary, or soft cancer.
3. Carcinoma simplex.
4. Adeno carcinoma.
5. Gelatinous carcinoma.
6. Squamous carcinoma.

From the standpoint of an early diagnosis before there is lymphatic involvement the first two varieties only are of clinical importance, i. e., the scirrhus and medullary forms of cancer. Carcinoma simplex is a term often used to include that large group of carcinomata which do not fall into any particular class. The adeno-carcinoma refers to the distinctive histologic anatomy of the growth originating in glandular tissue. The gelatinous cancer refers to any form of carcinoma in which a mucoid degeneration has taken place. The squamous celled carcinoma are those which have their origin in the skin of the nipple or areolar surface; they form a separate and distinct class in which the diagnosis is at once apparent.

The early diagnosis rests upon the differentiation between benign tumors such as adenomas, fibromas, cysts and mastitis, and scirrhus or medullary cancer.

The study of the relative frequency of the various tumors of the breast is of the greatest importance in differential diagnosis. Such study invariably leads to the conclusion that carcinoma of the breast is the most frequent.

The older statistics of Billroth²⁰ based on 440 cases show 82% cancerous. These statistics although published about 1884 have been verified by many observers, thus in the Heidelberg clinic, Schmidt gave 82.66%. The elder Gross gave 82.47%; Bryant, 83.15%; Angerer, 80.90%. Finsterer reporting material of the Vienna clinic in 1887-1906 gave 85.12% cancer, 8.25% fibro and cysto adenoma, 6% carcinoma, and 0.63%

benign cysts. From the Budapest clinic of Dollinger, 85% of all tumors are carcinoma.

No one can question the accuracy of these percentages at the time in which they were published. The high percentage of carcinoma in these reports can only be explained on the ground that they represent the percentage of patients with breast tumors who came to the hospital for relief; they do not take into consideration the vast number of women who did not consider the growth of sufficient importance to go to these large clinics.

In recent years there seems to be a diminution in the ratio of cancer as compared with benign tumors of the breast. The most valuable contribution bearing on this question is the one of Bloodgood¹⁷ published in 1916, in which he endeavors to prove that the relative proportion of benign lesions in the breast is steadily changing, and the percentage of benign lesions is on the increase.

Bloodgood is of the opinion that this change is associated with the shorter duration of the disease and that women are seeking advice earlier. He is also of the opinion that the education of women and the medical profession as well has much to do with this change, and he also states that further education of women and the profession can cure cancer of the breast.

Bloodgood's observations are based on the study of 1577 cases recorded in the surgical pathologic laboratory at the Johns Hopkins Hospital. He gives the following table:

Percentage of benign lesions

From 1889 to 1900.....	32
From 1900 to 1910.....	41
From 1910 to 1913.....	47
From 1913 to 1915.....	59
From 1910 to 1915.....	54

He also states that inoperable case are distinctly on the decrease. The views of Bloodgood have also been expressed by Bevan and others. This view also represents my own experience in the matter. In 74 breast operations I found 26 to be benign.

If we accept the older statistics that approximately 80% of all breast tumors are cancerous, there would not be much need to trouble ourselves with an early or differential diagnosis—all breast tumors would then be submitted to radical extirpation. There seems, however, to be good reason for the assumption that this percentage is too high, yet we must not allow this latter view to cloud our vision and omit to make a careful diagnosis in the individual case or not to consider every breast tumor as potential cancer.

These statistics only serve to emphasize the fact that more exact methods are necessary for diagnosis in order that we may be guided in our choice between simple excision of the tumor and the radical operation. The radical operation presupposes an accurate diagnosis before the

breast, pectoral muscles and axillary glands are removed. The only safe attitude is to presume that every breast tumor is malignant, until it is proved to be otherwise. There can be no question regarding the advisability of removing all breast tumors. The question is rather, shall we always perform a radical operation for all growths, or shall we endeavor to limit that operation to those which we can prove to be malignant. Theoretically, we should be able to excise only the benign tumors and radically operate the malignant ones.

In the diagnosis of breast cancer one must take into consideration sex, age, predisposing factors, condition of the breast, such as adherent skin, retraction of the nipple, discharge, etc. In most instances the diagnosis of cancer will be made without question, or as Richardson puts it, without reasonable doubt, or with reasonable accuracy.

According to Richardson¹⁰ a reasonable accuracy in the diagnosis of cancer of the breast is implied by the opinion of an experienced surgeon that the tumor is cancer, for whatsoever one's own opinion may be as to benignancy, a simple experienced contrary opinion is enough to indicate exploration.

The difficulty increases where the diagnosis is in doubt in those cases where there are no secondary changes about the growth, as given above. We have only the palpatory findings to depend upon. The only physical signs about which I am at all certain are the signs of fluctuation elicited from a solitary cyst, and the sensation of resistance or hardness so characteristic in scirrhus cancer. The former is a positive sign of benignancy, while the latter is strongly indicative of cancer.

There are no other physical signs which can be relied upon to differentiate various benign malignant tumors in the early stages. Maurice Richardson¹⁰ was perhaps right when he said, "Indeed why is it not common sense in view of human fallibility * * * * to group together all breast tumors under the heading of uncertainties or things beyond human skill, and subject to all the frailties of human progress, and to extirpate them all?"

How then are we to diagnose early cancer? Only in one way, and that way is the removal of the tumor for macroscopic and microscopic examination.

In a recent article by Willy Meyer¹⁸ the practice of removing growths for microscopic examination is not favored for the reason that in cases of genuine cancer the disease is said to be disseminated and recurrences and metastasis follow such operations more quickly. On the other hand, most surgeons frequently resort to excision and microscopic examination in doubtful cases before the radical operation is undertaken.

From the fact that the percentage of benign

tumors is much higher than was formerly supposed, excision operations will of necessity be frequently performed. In many cases where the disease is obviously benign there can be no question of the advisability of such operations. On the other hand there are cases of early scirrhus cancer which are plainly recognizable by palpation which will be submitted to radical operation without question. There will in all probability always be a very large number of such tumors in which the diagnosis of cancer will be uncertain or doubtful, and it is in such cases that excision, macroscopic and microscopic examination must be practiced, even at the slightly increased risk of dissemination should the condition prove to be cancer. This danger can be diminished by excision plus a wide margin of tissue for safety, or perhaps by the use of the actual cautery. Such minor operations will relieve the patient and physician of great anxiety and add much to their comfort and peace of mind.

Surgeons of experience have no difficulty as a rule in diagnosing cancer macroscopically after excision operations; so important is the method of diagnosis that one is justified in proceeding with radical extirpation, should the macroscopic signs be positive and the frozen section doubtful.

I have found no great difficulty in persuading women to have all breast tumors removed for examination, especially when they are informed that the radical operation may not be necessary.

It is my habit in all benign and doubtful cases to have the patient go to the hospital and under novocaine and adrenalin amalgasia excise the growth. A frozen section and microscopic diagnosis is made, and should the tumor prove to be an innocent one, the wound is closed and the patient out of the hospital in about two hours. I have now made such removals and microscopic examination 30 times, and have found malignancy in four cases.

Should the condition prove to be malignant the radical operation can be performed at the same sitting without delay. The modern method of nitrous gas and oxygen anesthesia, is very useful for this diagnostic procedure, as it does not prolong the patient's stay in the hospital.

By the universal practice of the above method diagnosis and the removal of all breast tumors, much can be done toward the education of women in the prevention and treatment of breast cancer. The only objection is the possibility of cancer dissemination from excision should the growth be malignant. Since the dissemination of cancer from excision has not as yet been definitely proved, the advantages of the routine removal of such tumors more than outweigh this single objection, for in no other way can the general mortality rate be lowered.

CONCLUSIONS

1. The only hope of cure for patients suffering

from cancer of the breast lies in a radical operation.

2. Approximately 32.86% of patients operated by the radical method pass the three-year period, and 23.77% the five-year period.
3. Most patients are operated when the disease is too far advanced.
4. The modern radical operation for breast cancer is satisfactory in its scope, and no great improvement in end results can be expected from any further perfection in technique.
5. Further improvement in end results can only be secured through earlier operations based on early diagnosis.
6. Cancer of the breast must be diagnosed before the lymphatic glands in the axilla become involved.
7. There are no positive differential clinical signs for early cancer, therefore all breast tumors should be removed and submitted to microscopic examination.
8. The removal of all breast tumors, an early diagnosis and an early radical operation are the means at our command for lowering the death rate in cancer of the breast.

REFERENCES

1. Older Statistics of Radical Operation for Cancer of Breast. Kocher's Text Book of Operative Surgery, 1911.
2. Oshsner, A. J. Final Results in 164 cases of Carcinoma of the Breast operated during the past 14 years at the Augustana Hospital (Chicago). Trans. American Surg. Ass'n., 1907, 1893, XXV., 152.
3. Jones, A. F. (Omaha). End Results in Operation for Cancer of the Breast. Trans. American Surg. Ass'n., 1907, XXV., 180.
4. Cabot, A. T. (Boston). Trans. Amer. Surg. Ass'n. 1907, XXV., 103.
5. Greenough, Simmons and Barney. The Results of Operations for Cancer of the Breast at the Massachusetts General Hospital from 1894 to 1904. Trans. Amer. Surg. Ass'n. 1907, XXV., 80.
6. Halstead, W. S. (Baltimore). The Results of Radical Operations for the Cure of Cancer of the Breast. Trans. Amer. Surg. Ass'n. 1907, XXV., 61.
7. Rodman, Cancer of the Breast. Journal American Medical Ass'n., 1915, LXIV., 707.
8. Judd, End Results in Operations for Cancer of the Breast. Surg. Gynecology and Obstetrics, 1914, XVIII., 289.
9. Oliver, J. C. Carcinoma of the Breast. Ann. of Surgery, 1917, LXV., 66.
10. Meyer, Willy. Amer. J. of Surg. 1909, XXIII., 77.
11. Horing, (Stuttgart). Zur Kenntnis d. Mammacarcinoma und seiner operativen Behandlung. Beitrage z. Klin. Chir. 1908, LXI., 199.
12. Borelius, (Lund, Sweden).
13. Deaver and McFarland, The Breast Anomalies, Diseases, Treatment, P. Blakiston Sons. Philadelphia, 1917.
14. Martti Siirala; Om der for Brostkrafta opererade, patienternas senare lefnadsoden. Finska. lak. Sallak. handl. 1916, LVIII., 1677. Kroguis Clinic.
15. Reports on Cancer of the Breast Submitted to the 11e Congress de la Societe Internationale de Chirurgie, Brussels, Sept. 1908, Supp. of "Journal de Chir." 1908, v. 1, p. 20.
16. Maurice Richardson, The Operative Treatment of Cancer of the Breast, Feb. 14, 1911.
17. Joseph C. Bloodgood, Cancer of the Breast. Journal American Medical Ass'n., Feb. 19, 1916.
18. Willy Meyer, Cancer of the Breast. Surgery Gynecology and Obstetrics, May, 1917.
19. Bainbridge, William S., New York. The Cancer Problem.
20. Angerer, in Handbuch Chir. Van Bergman Bruns u. Micklicz 1900, Vol. 2, page 763.

Some Things I Have Learned in My Cataract Work*

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I HAVE been doing cataract operations for more than twenty years.

I often think of the first one I attempted in a mere village with no hospital facilities. The patient got a splendid eye.

Now, after twenty years' experience, I find myself wondering at times just how much advance I have made in this line of work.

The writer makes no apologies for the subject of his paper. It is not his intention to mention all the things he has learned were it possible to do so. Liberty may be taken to touch upon old matters as well as new, the intention being to make the subject so broad that any one may feel at liberty during the discussion which may follow, to approve, denounce, expose, confirm or disclaim any feature of the cataract question presented by myself or any one else. An open mind and a fair discussion is all any one should ask and something everyone should grant, even the writer.

That first case was operated about as follows: There was no preparation of the patient except the field of operation. The instruments were boiled, except the knife, which was laid in pure carbolic acid for five minutes. The towels, instead of being sterilized were wrung out of a one to one thousand bichloride solution. The patient lay on a low couch. The stop speculum was used. An incision was made to include not more than two-fifths of the cornea, an All-wise Providence furnishing me a small lens for my first experience. The incision followed the sclerocorneal line as faithfully as my shaky hands would permit. I do not remember whether I made a conjunctival flap or not—I do not remember whether or not I intended to make one. I probably did just the opposite of what I meant to do.

My assistant (at least I called him that) was a general practitioner who had never assisted in an operation of this kind. When I asked him to fix the eye-ball with the catch fixation forceps, he did not know what to do and, of course, I had to place the forceps in position and spring the catch for him. Two or three attempts were made at transferring these forceps to his hands during which they got away from both of us. I can see them yet dangling gracefully over the patient's cheek, but they faithfully gripped the conjunctiva. When he did get them, I had no difficulty in grasping the iris with the iris forceps for my zealous assistant by resting the whole weight of one paw upon the forceps caused such a beautiful prolapse of the iris that I could have done an iridectomy with the scissors alone.

So I easily got all of the iris I intended to get, and perhaps more. I got enough any way.

Now that I look back upon that first experience, I know how true it is that "Providence works in a mysterious way His wonders to perform." During all the time that we were playing hand ball with the fixation forceps and, subsequently, when my assistant was (as I would think nowadays) trying to imitate a Smith tumbling performance, that patient never moved a muscle, batted an eyelash, nor uttered a complaint. But we got through somehow. The colobomae, after the expulsion of the lens, were replaced, a figure of eight bandage held the dressings in place and the patient put to bed. She was given strict orders to turn neither to the right or left side, but remain absolutely on her back until the fifth day. Of course, the eye was inspected the third day and every day after that until glasses were prescribed about three weeks later and, as I stated before, the final outcome was good.

I laugh at it all now and so do you. I, however, suspect we all would have a good laugh were I to appear here today in the suit of clothes I was married in just some months previous to my first cataract operation; yet they were made by the best tailor I could command. The mode today is different.

Today I operate about as follows: The patients go into the hospital the day before. This gives them an opportunity for quiet and rest some hours before the operation, to get acquainted with the geography of their room, with their nurses, and what to do when they want something, and to have a mild laxative administered. A good night's sleep (though a few do not get this) and a light breakfast put them in good humor for an early morning operation.

An hour before being taken to the operating room twenty grains of strentium bromide are given—usually by the mouth.

This also gives opportunity for a urine analysis to be made and for the blood pressure to be taken. If there is rheumatic or diabetic diathesis or any other constitutional dyscrasia likely to cause trouble, I delay the operation, preferring to treat the patient before the operation rather than after, or during the period of convalescence. I believe serious complications in the healing stage may be thus averted.

When possible, I prefer that my patient walk to the operating room. Those of you who have been put upon a cart and rolled through the corridors and into an elevator and then into an operating room, will recall the sort of strange or uncanny feeling which this procedure gave you. A nervous patient will be less so if they are relieved of this novelty in transportation.

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When it is possible I always operate with a North light, the feet being pushed right up to the window and the light coming directly down upon the face of the patient. I have never operated under a spot light with the patient in his own bed, but I think mighty well of the idea. It seems to me it might induce a minimum of perturbing sensations in the patient.

Once on the table the first thing we do is to instill cocaine into both eyes. It prevents sympathetic burning and smarting in the unoperated eye, as also the unpleasant sensation should any of the cleansing fluid accidentally get into the eye.

The cilia of the upper lid are then next closely cropped, followed by a liberal scrubbing of both lids and surrounding parts.

A drop of adrenalin is now instilled into the eye.

The speculum is now introduced and both upper and lower culdesacs are generally douched with mercury one to four thousand. After draining off all the excess of fluid by drawing downward at the external canthus, a large piece of gauze of double thickness is placed over the patient's head, face and shoulders, with an opening directly over the eye to be operated upon.

Just before beginning the operation I give my patient a little drill in moving the eye. I tell him that I want him to look directly at the ceiling above. Should I direct him to move it in any direction, I teach that the excursions should not be marked, but only a slight movement in the direction indicated. This, I think, confirms him in his confidence and ability to do what I want him to do.

The eye is steadied with the fixation forceps without catch. The incision includes one-half of the cornea, the puncture and counter puncture being as far into the limbus in each case as it seems safe to go. I see no reason why we should not have a generous incision. It is imperative in large cataracts, and does no harm when we are dealing with a smaller lens. The incision is generally finished well in the corneal tissue.

I know the arguments for a conjunctival flap. Personally I do not like them. It is rare for me to have a prolapse of the iris and I ascribe it largely to finishing my incision from one to two millimeters below the upper sclero corneal margin. Fixing the eyeball myself, I proceed to grasp the iris, withdraw it through the wound and have my assistant cut it off for me. The colobomae of the iris are now stroked into place through the cornea and should there be any blood obscuring the lens I try to remove it at this time so that I may have a good view of the action of the lens during the subsequent stage.

The speculum is now removed. The lid is held on either a Smith hook or a Fisher's double

hook. An attempt is made to do an intracapsular operation. If this proves impossible, I then attempt to grasp the capsule with the capsule forceps and, by manipulating it, to rupture the ligament and then withdraw the lens in its capsule according to the method of Arnold Knapp.

Sometimes, however, neither of these avail, when I do a cystotomy and remove the lens in the ordinary way. The colobomae of the iris are now again replaced, the wound is inspected that there is no foreign substance of any kind remaining in the incision, lids are closed and a liberal smearing of yellow oxide 1% is placed upon the margin of the lids.

For the dressings I do not like the ordinary round pads that are most often prepared for us, but I like several thicknesses of gauze about three inches wide and just long enough to extend over both eyes and just a little—say half an inch beyond the external canthus. A notch is made in the lower part of it so that it may be snugly fitted over the nose. Between the several layers of gauze a light pad of cotton is placed. Then a strip of adhesive plaster is first placed over the lower part of the dressing just catching the bridge of the nose, both ends fastened upon the zygomatic line. A second strip of plaster is placed at the upper edge of our gauze pad just over the eyebrows, the ends being fastened to the temple on each side. From each ala of the nose a shorter piece is stretched diagonally upward to the opposite side of the forehead. These are made to fit snug and close to prevent any slipping or discomfort on the part of the dressings.

The patient is now returned to his room, being lifted from the table to the cart and from the cart to his bed. Finally a Ring mask is applied.

The consideration of a few separate questions pertaining to cataract work will suffice to open up the whole subject for discussion.

First in regard to instruments and their preparation: In the last few years I think most oculists have discarded some instruments that were used a decade ago and are now using others which were but little known at that time. First let me mention the catch speculum. I am quite convinced that any catch speculum is a delusion and a snare and in time will be discarded by every operator. The best one on the market today and more nearly fashioned upon correct lines with the proper heft and shape is that of Col. Smith, and had he done nothing else for the ophthalmic profession than devise and introduce that speculum, his name would deserve to be remembered.

Fixation forceps are to be found now only in the discard. There is no excuse for using an instrument of that kind in cataract practice. When a man wishes to release his hold on the eyeball, he wishes to do it quickly and smoothly

and no fixation forceps afford these requirements.

Fisher's needle spoon is a real help. There are times when a lens is almost out and to be able to transfix it with a sharp point as is found on this instrument is very helpful. The spoon arrangement at the other end affords just what you want for intracapsular work, and to combine these instruments in one was a happy and commendable idea.

Smith's spatula and the principle of his lid hook have both ushered in a new thought in ophthalmic practice, especially the hook.

I am quite sure that the speculum ought to be discarded as soon as an iridectomy is made—possibly just as soon as the incision is made. You never can tell what a patient will do. You can never know your patient well enough to be certain about his composure just at a critical moment. The only way to guard best against mishaps is to use some form of lid hook.

I believe I have had only two or three accidents in the last six years before I attempted to expel the lens, but as soon as the incision is made the danger is there, and it seems to me that then is the time to prepare for it. Fisher's double lid hook to me is bunglesome, but at any rate, I see no objection to the use of the hooks immediately the iridectomy is made.

I think that now all cutting instruments are sterilized by laying them in a strong lysol solution and then in alcohol and finally rinsed off with water. All other instruments should be boiled.

My previous reference to the preparation of the patient, I think, is important. The danger of operating upon certain classes of patients is a very evident one. Rheumatics and diabetics should be in the best possible shape. Very high arterial pressure would indicate a course of treatment for the reduction of the pressure as far as possible.

It is a problem as to what is best to do in nervous and excitable people. No one likes to operate under a general anesthetic. Personally, I think that operating under general anesthesia affords more danger than is experienced in operating upon the most nervous patient under local anesthesia. I dislike the use of morphine. We never know when it is going to cause nausea and I am afraid of that. My greatest comfort has been found in strontium bromide, given either by mouth or by rectum. I believe that it is a real help in allaying the excitability in a nervous patient.

There may be some doubt as to the wisdom of giving a patient too many directions prior to the operation. I generally assure them that there will be little or no pain, but do give them some directions in regard to the way they should move their eyeballs when I ask them to do so. Most patients, when told to look down,

look down as far as possible. That is just what we do not want them to do. On the other hand, it is very convenient at times and helpful to have them change the position of their eyeball voluntarily rather than by pulling it with a forceps and I have found in my own experience that just a moment's drill in the movement of the eyeball prior to the operation is advantageous.

There is no greater difficulty to decide than the kind of an operation that will do in any particular case. I have learned this much—not to be too dogmatic as to what may be best in any individual case. I am an advocate of the intracapsular operation, as most of you know, and it is my operation of choice. Six years of experience has not changed my conviction in this matter.

It may be that a man like Colonel Smith of India can tell prior to operation just what the lens will do in every case. I cannot, and I have been so happily disappointed so many times that now in every case I make an honest effort to do it. I do not determine to do it. I have before now operated upon young people in whom the lens was as easily dislodged as in the older ones and I have run across many old patients in whom it has been absolutely impossible for me to do it, without subjecting them to more dangers than I care to assume responsibility for. So, after making my incision and iridectomy, I try to do the intracapsular operation in every case. If I find that it is likely to run me into too great danger, then I make an honest endeavor to grasp the capsule with the suitable forceps and by manipulation rupture the ligament and either draw the lens with its capsule out in this manner, or after the ligament detachment, expel it in the usual manner by means of the hook. I have been delighted in a few cases with the success of this maneuver. If that does not avail then in some few cases I resort to capsulotomy; but I try always to have before me the ideal result in a cataract operation, viz., the complete removal of lens and capsule.

There is another class of cases that I am quite convinced are well treated by the Homer Smith method of preliminary capsulotomy and that is the immature cataracts of young people. I have had a very delightful experience with it. Whether later the capsule that is left might become cataractous time only will tell; but I am sure that the ideal method is the intracapsular operation.

In regard to the accidents that may occur, loss of vitreous generally looms up in the mind of the oculist as being the most to be dreaded. I dread it because of the cosmetic condition of the eye which follows in its wake, rather than for its serious effect upon the vision. A great, broad, large pupil that occupies one-third of the iritic area is not a beautiful thing to look upon. There is no discounting the fact that if you lose

enough vitreous you seriously endanger the integrity of the eye. I do not now recall a single instance in which I ascribe the loss of vision to the loss of vitreous. I have lost some eyes in connection with loss of vitreous, but there were other attending factors, which, judging by the action of other eyes, were more potent as a causal factor in the final result than the loss of vitreous. I have had some extreme loss of vitreous and have opened the eye, perhaps on the tenth day expecting to find an eye ready to remove only to be surprised at the remarkable result. The wound of incision had healed completely. There was hardly an injection of the eyeball. Vision would vary in these cases, as they do in all cataract operations, from one-half to normal vision and ability often to read Jeager One with the proper correcting lenses.

I distinctly recall one case, a blacksmith, who was compelled to give up his work and become a charge on the county, because of the reduction of his vision. He had an immature cataract in each eye and I determined to operate upon him.

The loss of vitreous was so great in the first eye that the globe had no shape when I closed it up, yet on the tenth day that man was to me the most pleasing patient I had ever had. The ball had filled out, the wound had closed and there was hardly a particle of injection. Glasses fitted to that eye permitted him to go back to the forge.

He was so pleased that he would not wait for the other cataract to become mature and I rather reluctantly agreed, in the light of my former experience, to accede to his request for an operation. I had exactly the same experience with that eye.

He was not a bad patient, but he did have a very fluid vitreous, and each time after the operation there was neither form, nor shape, nor comeliness about the eye; but he had a good result in each.

On one or two occasions I have had extreme loss of vitreous when the method of operating was not at fault—when, immediately upon making the incision, the patient would squeeze his eye and eject lens, capsule and vitreous until it seemed there was nothing left in the ball, and in not one of these cases have I had blindness ensue.

I do not want to be misunderstood. I want it to be very clearly understood that I do not like loss of vitreous and deplore it as much as any one, but when it does occur, I do not worry about it.

Another thing that I have learned in my experience is the rather methodical way intra-ocular hemorrhage occurs following cataract. I have had perhaps three cases—or four—and in every one I have prognosticated the condition immediately upon making the incision. I believe this has been the case every time. The patient

complains and moans as soon as the incision is made, the wound gapes, the lens is easily expelled—I am always afraid under these circumstances.

One other point regarding my work—the after treatment of patients. I used to be quite severe in regard to my directions as to the behavior of my patient when I once got him into bed. I required him to stay on his back and not move either to the right or to the left. I also kept him in bed for nine or ten days. I have given that up with the exception of those patients who are perfectly content to do this and, naturally, there are only a few of them. I tell the patient to roll to the opposite side at will. I prefer for them not to lie upon the operated side. If they become nervous and excitable with any manifestations of symptoms of acute mania, a standing order is acted upon at once by my nurse and that is to get the patient out of bed and into a rocking chair. I am sure the danger of prolapse or gaping of the wound, or any other danger is not so great as the danger of keeping these patients absolutely quiet. I would much prefer that they get up and walk, than to try to stay in bed under such circumstances.

Unless there are symptoms to indicate it, I do not disturb the dressings until the eighth or ninth day. I do not hesitate to do so on the third or fourth; but, if the wound is clean and there are no symptoms which the patient, upon a careful inquiry, discloses, then I am quite content. In this I have never been disappointed but once in my experience during the last six years, and I am not certain that I can give this as an example, because I did inspect that eye on the fourth day. The eye was subsequently lost by infection.

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Some Uses and Abuses of Pituitrin in Obstetrics

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PITUITRIN is an extract of the posterior or infundibular portion of the pituitary gland.

It is now marketed in two strengths, the surgical form being twice as strong as the obstetrical.

Frankl-Hochwart discovered that pituitrin stimulated the uterine contractions in the pregnant rabbit (1909). Forges and Hofstatter in 1911 were the first to use the preparation in puerperal hemorrhage and as a preventive of hemorrhage in Caesarian section. Dale, in his experiments, showed that pituitrin is a direct stimulant of involuntary muscles without relation to their innervation.

Unlike the action of ergot, pituitrin does not cause tetanic contraction of the uterus, but increases the normal uterine expulsive efforts. However, if given in large doses, the uterine muscles may become blanched from the intense contraction. This is readily seen during a Caesarian section. Similar to the action of adrenalin, there is always the danger of muscular relaxation after the contraction caused by pituitrin. It is therefore advisable to give some form of ergot to augment the action of pituitrin when used to control uterine hemorrhage.

Pituitrin is one of the best and most effective drugs in obstetrics, but great care and judgment must be employed in its use.

The technique of its administration in small doses before childbirth was described in a paper read before the Cleveland Academy of Medicine, January 15, 1915.¹

When indicated, pituitrin may be used in any stage of labor, provided both the patient and the fetus are carefully watched.

The following case will illustrate the importance of listening to the fetal heart sounds after using the drug:

Mrs. A., iiipara. Both of her labors were difficult on account of a flat pelvis. Two days before her admission to the hospital, the membranes suddenly ruptured without labor pains. Examination showed a large child in the L. O. A. position. The head was unengaged and the heart sounds were 140 per minute. When labor pains finally began, they were irregular, of short duration and weak. During the next 36 hours, there was very little progress of labor and the mother was becoming exhausted. Two minims of pituitrin were injected and strong, severe labor pains began within a few minutes. During the uterine contractions, the fetal heart sounds decreased to the rate of 80 per minute, but immediately resumed the normal rate between the contractions. In the interest of the child, a Caesarian section was performed.

In normal pregnancies pituitrin should not be used as a routine; nature must be given ample time to do her work. However, if the progress of the labor seems to be unduly prolonged by weak and inefficient uterine contractions, one to three minims of pituitrin may be injected to stimulate the uterine contractions. This is often necessary when the patient is placed under light gas anesthesia. The relief from pain is so comforting that the patient often refuses to assist in the expulsion of the child and the progress of labor stops. Then a small dose of pituitrin or low forceps is indicated. This dose may be repeated if necessary, but a larger amount should never be used before the childbirth.

Pituitrin will not start labor but it is remarkable how quickly the uterus responds to the stimulus in any stage of labor. Within a very short time, slow, nagging labor pains are converted into strong, vigorous, bearing-down, expulsive pains.

Before using this oxytocic, a definite diagnosis must be made of the presentation and the position of the child and its relative size to the maternal parts. After the injection, the patient must be under constant observation as the labor may terminate much faster than anticipated. The following complications are the most common that occur from the sudden, violent contractions of the uterus caused by too large a dose of pituitrin: Rupture of the uterus or laceration of the maternal soft parts caused by the rapid descent of the firm unyielding presenting part of the fetus. Fracture of the skull or lacerations of the coverings of the brain often occur in the fetus due to the tremendous pressure exerted on them by the rapid progress through the birth canal. Asphyxiation of the child due to the sudden tension of the cord about its neck or premature separation of the placenta may also occur.

Pituitrin has often been used as a substitute for a forceps delivery. There is no doubt, however, that the infant and maternal morbidity and even mortality has risen in the so-called normal obstetrical cases due to the injudicious use of large doses of this powerful drug.

Each obstetrical case that needs assistance should be carefully studied and treated according to the existing conditions. If the contractions of the uterus are strong, regular, and if the birth-canal of the mother is firm and unyielding, it is certainly better obstetrics to decrease this resistance by means of manual dilatation and assist the delivery by means of forceps, than to subject the uterus to increased

activity and expulsive effort by the injection of a powerful drug.

After childbirth, pituitrin may be used as often and in as large doses as necessary to obtain the desired results.

If the placenta is retained too long, an injection of 1 c. c. pituitrin will generally contract and expel the after-birth within a few minutes.

A very easy and simple method of emptying the uterine cavity of retained secundines is as follows:² After the usual preparation for a dilatation and curettage are made, the size of the uterus is estimated. The cervix is then dilated and 1 c. c. of pituitrin is injected into the patient's arm. The uterine cavity is then emptied with either the curette, placental forceps or the finger. During the operation very little blood is lost and the uterine cavity decreases in size as quickly as its contents are removed. The uterine muscles become firm and the danger from perforation by the instruments is almost nil. No hot irrigations are necessary to contract the uterine muscles or to control the bleeding. The uterine cavity is then swabbed with a 2% iodine solution. Occasionally an iodoform gauze pack

is placed in the uterus for 24-48 hours. Ergot may be given after the operation is finished.

During Caesarian operations, 1-2 c. c. of pituitrin is injected directly into the uterine muscles after the incision into the uterus is made. If the injection is made too early, there is danger of asphyxiating the child. If the fetal head is impacted in the pelvis of the mother and must be delivered with forceps, a firmly contracted uterus would be a serious complication. The action of the pituitrin is almost instantaneous when this method is used, and the uterus becomes hard and blanched from the firm contraction.

My results with pituitrin in post-partum retention of urine and abnormal distention are variable. Some cases respond promptly and others are not influenced at all.

As a galactagogue, it has not always been satisfactory. High blood pressure, arteriosclerosis, exophthalmic goitre are definite contra-indications to its use.

¹*Surgery, Gynecology and Obstetrics*, Nov. 1915, pages 659-662.

²*The American Journal of Obstetrics and Diseases of Women and Children*. Vol. LXXIII, No. 4, 1916. 1725 E. 82d St.

The Dentist's Responsibility in Preventive Medicine*

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PREVENTIVE medicine, or health conservation, may be defined as the total of all agencies employed and energies expended in an effort to better conserve human energy and raise the standard of health. In its most comprehensive sense, preventive medicine must include preventive dentistry. I say this since we must appreciate that the organs, contiguous and adjacent tissues of the mouth, which come within the field of the dentist's operations, are important and integral parts of a complicated whole, and in very recent years pathological oral conditions are quite generally recognized as being either directly or indirectly responsible for a great number of serious systemic infections. Both the medical and dental professions have done much constructive research work along these lines.

At all times and places it would seem in order to emphasize that the happiness and prosperity of a community, state or nation depend more upon the health of its citizens than any other one factor. At this time we should incorporate into this a "war clause"—the efficiency of an army or navy very largely depends upon the health of its rank and file.

It has been stated that all great conflicts in life have their compensation. It might be further stated that much good, of direct and per-

manent benefit, has resulted from some of the hygienic and sanitary regulations developed largely through the results of wars and epidemics. Only a few years ago, the Japanese gave a wonderful demonstration in hygiene and sanitation during war times, which prompted the whole world to look upon this people as a more progressive race than they had formerly been credited as being. In the conflicting armies in Europe today everything known to be of scientific value in developing and maintaining the highest efficiency is being utilized. There is every reason to believe that even more caution will be observed and more care taken to man the United States Army and Navy with physically fit and to call upon the resources of our country to maintain the standard.

It was demonstrated during the Spanish-American war that dental services were essential in maintaining the full strength of a company or regiment. Appreciating this, Congress in 1901 established a dental corps of 30 members. Now there are dental corps in both the Army and Navy on a basis of one to one thousand of their enlisted strength, as well as reserve corps in both. The Army is preparing to increase the active and reserve dental corps to approximately two thousand. This should be ample evidence that the government recognizes the dentist's responsibility in preventive medicine which, in this

*Read before the Section on Hygiene and Sanitary Science, Ohio State Medical Association, in annual session at Springfield, May 14, 1917.

instance, means utilizing their services in efficiency in military service.

The European conflict with its modern form of warfare, such as trench-fighting, etc., has emphasized the importance of a closer cooperation of the two professions and the restorative accomplishments in the hospitals of France, resulting from this closer cooperation, has done much to stimulate a fuller appreciation of the rights and limitations of the two professions.

For several years, I have fully appreciated the interdependence of the physician and the dentist and have also recognized that the best interests of all will be conserved by closer cooperation. I have consistently "preached" and "practiced" this cooperation and am quite naturally gratified in observing the gradually increasing evidence that this may soon become a more generally established procedure. In support of this statement, it may not be out of place to briefly quote from my address as president of the Ohio State Dental Society, in 1907, as follows:

"Generally speaking, the medical profession has only recently begun to look to the mouth and teeth as a source of some of the pathological conditions which they are called upon to treat, and we should be ever ready to cooperate with them in correcting such conditions, as well as in other matters of mutual interest to both professions and the public. It is certainly appropriate for our local, state and national organizations to invite the medical practitioner, the specialist or the surgeon to contribute to our programs, and with some modesty, we say that similar medical organizations might well consider the advisability of inviting the general dental practitioner, the orthodontist or the prophylaxist to participate in their programs. I am impressed with the conviction that such interchange of ideas and courtesies cannot fail to be of mutual interest to all."

Disease was formerly recognized as a question for individual concern, or at least not extending far beyond the limits of any particular family. In the face of the present-day information, together with a broad humanitarian policy, disease is now considered a question wherein the interests of the community are involved. Thus, it becomes the privilege of many, and should be made the duty of all, to stimulate a high standard of public health.

In establishing and maintaining a high standard of health it is imperative that the emphasis be placed upon the "prevention" of disease rather than its "cure." It is to the credit of the medical profession that it has always been commended for its efforts in behalf of the prevention of disease and the elimination of pain, regardless of the remunerative consideration usually entering into such questions. There is no doubt in my mind but that the practitioners of medicine render more charity service than all the other professions combined.

The teaching and practice of the physician will always keep him, and rightly so, in the forefront in everything that tends to relieve suffering and improve health conditions. Closely allied to him is the dentist whose limited field of operation has only recently been viewed as having any direct relation to systematic disturbances. Within the confines of this limited province of the dentist are to be found areas of infection which a few years ago would not have received passing notice. Today the attention of both professions, and also the laymen, is directed to the detrimental influences of faulty mouth conditions. Therefore, the dentist must assume his rightful responsibilities and discharge his full duties in this health conservation movement.

Some of the most essential adjuncts in connection with the prevention of disease are as follows: Preventive medicine; preventive dentistry; the administration of health laws and regulations by competent authorities; the co-operation of school authorities and other public officials, and last, but not least, the moral and financial support of the public.

In line with this, we are justified in stating that health may, to a more or less degree, be compared to a purchasable commodity, and whatever expense is necessary to safeguard it should be unstintingly furnished by the individual or the public.

Never before has individual efficiency counted for more than it does today, and the "hand-writing on the wall" would strongly indicate that the future will offer increased opportunities for those thoroughly equipped to take advantage of them and discharge the full responsibility in connection therewith. In order to develop and maintain efficiency it is necessary that the individual be equipped to thoroughly masticate his food, as well as to have a healthy mouth. Any deviation from this will sooner or later show its detrimental effect by a gradual lessening of the individual's resistance.

In order to more clearly show a dental relation to systemic disease, it is my purpose to point out and more positively establish, if necessary, the fact that there is a positive dental relation to preventive medicine. In doing this, some of the pathological oral conditions which may be responsible for many of the systemic infections, will be but briefly considered.

First—We will all probably admit that pyogenic micro-organisms are abundantly present in an unhygienic mouth, even though this condition may result only from lack of proper use and care of the teeth. By proper use we refer to the function of the teeth and contiguous tissues. The one important function of the teeth is the thorough mastication of food. This not only prepares the food for the first and most important step in digestion, but tends to keep the teeth and tissues of the mouth in a healthy condition. A

century ago the mastication of food required more vigorous exercise of the organs and tissues involved than it does today, and better mouth conditions prevailed. As civilization has advanced, and the preparation of food has greatly changed, we are forced to resort to artificial means of brushing and cleansing the teeth and gums, as well as treating and correcting increased diseased conditions resulting from defects and destructive processes. This is largely brought about by what may be termed disuse, or lack of proper exercise of these organs.

Second—Carious teeth, abscessed teeth constantly discharging pus into the mouth, and various inflammatory stages of the gums up to and including pyorrhea alveolaris. Under such conditions thorough mastication is impossible. The muscular action in mastication, together with contact of food, forces purulent matter from pyorrhea pockets and discharging abscesses, thus contaminating the foods. Similar action produces like results by forcing micro-organisms from the interproximal spaces. Such micro-organisms are transported into the stomach. Those not destroyed by the gastric secretions are carried on to the intestines and frequently produce intestinal disturbance.

In this connection, I need only take time to state that dental caries is the most prevalent of all diseases. Some may hesitate in designating this a disease, but a tooth is an organ of the body and a carious tooth is far from a healthy one. Further, I think we are justified in stating that pyorrhea alveolaris might be termed a disease of the investing tissues of the teeth, resulting largely from inflammatory processes of a progressive nature. There is ample evidence that pyorrhea alveolaris is rapidly increasing and, in my opinion, two of the most positive causative factors are the lack of proper use and of proper care of the mouth and teeth.

Third—The favorable condition for infection through open septic canals. This is made possible by the root canals being filled with septic matter, some of which may be forced through the apical end of the root during the process of mastication. Some such roots may perforate the floor of the antrum and result in antral complications. There are other opportunities for infection which may prove more or less serious.

Fourth—An area of infection at apical end of the tooth and "blind abscesses." These usually result from the death of the pulp in the tooth which has never been treated or from imperfect dental operations, where all the contents of the root canal have not been removed, or where the canals have never been treated and filled or have been only partially filled. An area of infection, or "blind abscesses," may develop from any of these conditions, with a loss of tissue surrounding the root of the tooth and more or less systemic disturbance. Unfortunately

these infections are slow in being recognized and are frequently overlooked until almost every other suspected cause has been eliminated.

Fifth—Impacted teeth. By impacted teeth we refer to those which do not occupy their normal relations and position and are thus unable to fully erupt. The resultant pressure sets up an excessive inflammation which is responsible for much intense suffering and various forms of nervous disturbances. This most frequently occurs with lower third molars. There is no question but that in many instances these aggravated impacted teeth are responsible for various forms of melancholia and even insanity. There are many cases on record in which relief from complicated and serious conditions of this nature have been secured through the removal of the offending tooth or teeth. The X-ray is of distinct value in diagnosing and locating impacted teeth, as well as locating areas of infection and "blind abscesses."

Some of the systemic disturbances which may have their origin through pathological oral conditions, as I have just enumerated, are as follows: So-called rheumatic, neuralgic, and similar so-called diseases; antral, eye, ear, bronchial and heart disturbances; mal-assimilation, mal-nutrition, auto-intoxication; appendicitis, stomach ulcerations and gall-bladder diseases; arthritis and nephritis, as well as many other systemic complications.

Of course, we appreciate that there are many other factors which may be responsible for a very large percentage of the conditions named, but there is no question that the conditions enumerated have more or less influence in many of these. Since this is true, and it is all important to definitely establish an early and correct diagnosis, we call attention to the possibility of the infection originating from this source. Also, it would seem in order at this time and place to suggest that this should be one of the first sources to be eliminated, especially so when it would seem feasible to make a diagnosis by a process of elimination. The reason for saying that this should be one of the first is the fact that the pathological oral conditions can be, generally speaking, very readily eliminated. If this procedure is neglected, it may prove more or less embarrassing at some future time, when it may clearly develop that the origin of the trouble was through some oral infection which had never been suspected.

Now that the importance of mouth conditions in our federal service is better recognized, the duty and responsibility of the dentist has proportionately increased. Much more will be expected of the dentist by the government, the medical profession and the public. To accomplish best results for all concerned, a closer cooperation would seem absolutely essential. The dentist of his own initiative should do everything possible

to correct conditions which would in any way seem to make it possible for a foci of infection to develop in his immediate field of operation. Further when called into consultation with the physician, or any specialist in medicine, he should cooperate to the end that oral infection may be eliminated at the earliest possible moment.

Finally, we should all appreciate that we are

laboring in a common cause, doing our utmost to serve afflicted humanity. We should further appreciate that during our present crisis the resources of both professions are going to be heavily taxed. This is an additional reason for closer cooperation. Our energies must be expended in a constructive and progressive way, which will result in the greatest benefit for the largest number.

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OHIO PUBLIC HEALTH NOTES

—A compilation by Dr. John E. Monger, state registrar of vital statistics, shows that tuberculosis is increasing in Ohio. Last year there were 6,299 deaths in the state from tuberculosis of the lungs, which was 120.9 deaths per 100,000 inhabitants. In 1915 there were 5,662 deaths and in 1916 there were 5,780. The average death rate from 1909 to 1916 was 117.3. The increase in the number of deaths from tuberculosis parallels the experience of both England and France, where rates materially increased during the first year of their participation in the war. Analysis of the reported deaths for the last year shows that the disease was fatal to 3,624 males and 2,675 females and that more than one-half occurred between the ages of 20 and 39.

—Drs. L. A. Willoughby and J. L. Murray have been placed in active charge of Toledo's new clinic for the treatment of venereal disease. As chairman of the special committee of the Toledo Academy of Medicine, appointed at the request of the Council of National Defense to assist in the crusade against venereal disease, Dr. Murray will visit every industrial plant in the city to address employees on that subject.

—At the August meeting of the Portsmouth board of health, an order was issued prohibiting children from re-entering school in September until they have been vaccinated.

—Dr. E. J. Schwartz of the state health department recently made a trip to Wooster to ascertain why reports of cases of sickness have not been filed with the department as required. It is said that out of 31 reportable cases that the state department has learned existed in Wooster since January 1, only three have been reported.

Seventy to 75 per cent. of the school children of Ohio have remediable physical defects, and except in the larger cities, almost all the public schools are without medical supervision which would improve the condition of most of these children. This statement is made in the July issue of the Ohio Public Health Journal. Figures collected by the Health and Old Age Insurance Commission are quoted, showing that the rural schools in which 60,000 children are enrolled, have very little physical supervision and about half of the city schools have some degree of supervision.

—Dr. R. W. Colville has been appointed health officer of Mt. Vernon to fill the vacancy created by the resignation of Dr. H. W. Blair, who recently accepted a commission in the Medical Reserve Corps of the Army.

—Ten cases of smallpox were reported by

physicians of Bellaire and the immediate vicinity in early August.

—According to a series of graphic charts prepared by Dr. M. D. Miller, epidemiologist of the Akron health department, communicable diseases in that city for the first half of 1918 show a gratifying decrease. Deaths have fallen to correspond. Although the total number of cases reported is much lower this year, better reporting on the part of physicians has caused a great increase in recorded cases of tuberculosis, smallpox, whooping cough and scarlet fever. The charts show that scarlet fever and diphtheria are on the decrease; that tuberculosis is running high as compared with the first six months of 1917; that smallpox is again on the decline after reaching the epidemic stage, and that pneumonia, which is seldom reported during the life of the patient, leads in the death returns. The increase in tuberculosis is attributed partly to the high cost of foods and crowded living conditions and partly to better reporting through the tuberculosis clinic which was opened a year ago.

—Miss Marguerite L. Binley has resigned as school nurse in Findlay to join the Red Cross nursing service.

—A new social organization, with a definite aim and purpose, but which is not likely to reach a large membership, was recently formed at Crestline. It is known as the "Smallpox Club" and comprises members of three families which have been quarantined because of cases of the disease. Meetings are held at the various homes with the smallpox patients as special guests.

—The July report of Dr. W. C. Pay, Bellefontaine health officer, shows that not a single case of typhoid fever was reported during the month. Twenty cases of contagious diseases were reported—eight of whooping cough, one of diphtheria, one of tuberculosis and ten of pediculosis.

—Pointing out that 50 per cent. of disease which breaks out in summer is caused by infection from china and glass dishes in which ice cream and iced drinks are served, Dr. C. T. Nesbit, Akron health commissioner, declares that every soda fountain in the city should be compelled to use sanitary paper cups in which to serve these refreshments.

—After completing a two days' investigation of health conditions in Canton, Miss Hulda Crone of the state health department, declared the situation to be worse than in any other city in the state. The records show that there are five times as many tuberculosis cases in the city as are being cared for or receiving any attention from public health nurses. Also a large number of cases of trachoma are reported.

—Dr. W. H. Peters acting health officer

of Cincinnati, has addressed a communication to the Organization of Women Physicians for Federal Recognition, appealing to its members to accept positions as school physicians. The great number of enlistments has caused a shortage of this class of school workers.

—Without a single case of typhoid fever reported this summer, with the city free from smallpox, and with practically no cases of other contagious diseases, the records of the Warren health department show that city to be the healthiest of its size in the state.

—A complete set of new executive officers took charge of the Cleveland health department August 28, replacing the former officials who secured leave of absence to sail for Italy with the newly organized Red Cross Anti-Tuberculosis Unit. Dr. H. L. Rockwood succeeded Dr. R. H. Bishop, Jr., as health commissioner; Dr. R. J. Ochsner succeeded Dr. Richard A. Bolt as chief of the bureau of child hygiene and Miss Cora Templeton succeeded Miss Charlott Ludwig as chief of the bureau of public nursing. No successor has been appointed to fill the place of Mr. J. D. Halliday, in charge of health educational work.

—The state health department has joined the United States Public Health Service in recommending to employers that smallpox vaccination and anti-typhoid inoculation be required of employes, on the ground that the health of workers engaged in manufacturing war munitions is as important as the health of soldiers in the field and should receive the same protection.

—Among the recommendations made in the annual report of Dr. H. L. Smedley, Hamilton health officer, are the institution of an adequate system of post mortem and ante-mortem inspection of all animals slaughtered in the city for human consumption, medical inspection of public schools by competent examiners, the employment of public school nurses and the pasteurization of milk. Dr. Smedley recently tendered his resignation in anticipation of entering military service and has been succeeded by Dr. Henry Krone.

—Committees constituting a city medical council to assist in developing a city wide system of medical service and education in connection with the social unit plan were named in Cincinnati July 1 at a meeting held at the General Hospital, which was attended by 60 physicians representing various branches of medicine. Dr. John H. Landis, health officer, appointed in charge of the temporary organization of these committees Drs. J. Victor Grenebaum, W. D. Porter, E. Otis Smith, John D. Miller, David I. Wolfstein, Robert Carothers, Wm. Mithoefer, Sidney Rauh, Edwin W. Mitchell and W. D. Haines.

Watch Your Step!

To obtain evidence against physicians who disregard the state law providing for the reporting of certain communicable diseases to the health authorities, the state department of health has adopted the plan of checking disease reports against death reports filed in the office of the state bureau of vital statistics.

In June 11 cases of typhoid fever which had not been reported were disclosed by this means, the patients having died and their deaths having been reported, with the names of the attending physicians.

Similar checking of case reports has been urged by the division of communicable diseases upon local health departments. Local health authorities have been advised to call cases of failure to report to the attention of the offending physician, and to prosecute if necessary to enforce obedience to the law.

Communicable Disease Situation

Reports filed with the state department of health indicate that whooping cough still presents the most serious menace to the health of Ohio children. On August 19 a total of 1,615 cases had been reported for the month of July and the department expressed the belief that the total of 1,702 reported cases in June would be reached. Deaths for the first seven months of the year have totaled approximately 450 out of 8,500 reported cases. Ninety-five per cent. of the deaths occurred among babies under one year old.

July was also marked by continuation of the high typhoid prevalence which started in June when 175 cases were reported. Despite the increase, the July total is well below the average for the same month during the past five years which amounted to 413 cases.

Reports further show that infantile paralysis cases are becoming more numerous, although the disease has not approached its 1916-17 marks. Twenty-eight cases were reported for July in two groups, one centering about Trumbull county where there were five cases, with eight more in nearby counties, and the other in Hamilton county, with 13 cases.

Meeting Called Off

Following the patriotic lead of the State Association, the North-Western Ohio District Medical Association has called off its annual meeting which was scheduled for Van Wert on September 19 and 20. The association, comprising the third and fourth councilor districts of the State Association, was founded in 1869 and since has been one of the most active district organizations in Ohio. It is still active—so active in military and win the war propaganda, that its members haven't time for scientific sessions.

The Traveling Dispensary---An Important Part of Cleveland's Children's Year Program

By Dean Halliday

Chief, Bureau of Health Education, Cleveland

Realizing that Uncle Sam needs every possible bit of assistance in working out his Children's Year Program in the midst of his growing participation in the world war, the Cleveland Children's Year Committee is going out and getting well babies before they can get sick, and sick babies while there is still hope. This is being done by means of the Traveling Hygiene Dispensary, a veritable clinic on wheels, which, day after day is bringing health to the very doors of homes in Cleveland and Cuyahoga county that formerly were rarely, if ever, reached by physicians and public health nurses. Almost every city in the county carries on infant welfare work, has established dispensaries or centers, but Cleveland is the first to conceive and execute the idea of taking a Babies' Saving Dispensary to

equivalent to a three-room dispensary or health center, one room to be used as a waiting room, another as a lecture and explaining tent, and the third or the body of the truck proper as the examination room where babies both sick and well are given careful attention by a physician and nurse. On the roof of the car is a portable motion picture projecting machine and a folding aluminum screen, four by six feet in size. On this screen motion pictures showing how to save the baby, anti-fly work and the battle against tuberculosis are thrown for the benefit of mothers who lounge in the streets of the city's congested districts of a hot night.



Children's Year special in operation. Dr. Richard A. Bolt, chief of the Bureau of Health Education, examining babies in slum section of Cleveland.

A motion picture outfit on the roof of the car gives opportunity to give mothers "visual instructions" in keeping the baby well.

every home. This has been made possible through the interest of Mr. and Mrs. A. S. Chisholm who have presented the Traveling Dispensary and its complete equipment to the Cleveland Children's Year Committee. Mr. Chisholm is executive chairman of the Cleveland Children's Year Committee, while Mrs. Chisholm is a member of a committee of one hundred who stand back of the movement to save Cleveland's quota of 827 babies' lives.

The body of the motor truck is fitted out as a model Child Hygiene Dispensary. It has examining table, weighing scales, measuring outfits, desk, lavatory, hot and cold water, electric lights, prophylactic supply cabinets. Attached to each side of the truck are tents, which, when set up for use afford what is

Completely equipped and ready for operation, the Traveling Dispensary has cost approximately \$5,000. It is sent from one to another of the health districts into which Cleveland is subdivided on a regular schedule.

If, upon examination, an infant is found to be ill, or in need of medical attention, the mother is told to take the child to one of several physicians in her own neighborhood who are known to be competent, if she can afford to pay for such services. If she cannot, she is directed to the Babies' Dispensary and Hospital where necessary treatment and supervision is furnished free. If the baby is in good health the mother is given a card bearing the endorsement of the mayor and is referred to the nearest of the city's established prophylactic dispensaries where she is given periodical instructions under the supervision of public health nurses.

On its daily trips the car carries a city physi-

cian, public health nurse and a sanitary policeman to handle the crowds. It is driven by volunteer members of a Children's Year Motor Corps that has been organized for the purpose by Mrs. Frank W. Barrett, a member of the Red Cross Motor Corps. In some thirty-two and one-half hours of actual operation during the first seven days in which it was sent about the city, 108 babies were examined, among which were 10 cases of contagious diseases and two eye cases which has not been reported according to law. In the same trip some 2,015 mothers and fathers and older children visited the car with its posters and other children's hygiene exhibits.

In addition to its operation in Cleveland's congested and slum sections the Traveling Dispensary is now making a trip a week into various parts of Cuyahoga county—districts which have not had proper medical and nursing services.

On July 2, at the invitation of the Red Cross Committee, a test trip was made to Wooster, Ohio, a distance of 57 miles from Cleveland. There, the Traveling Dispensary was set up in the public square and attention devoted to lectures and examinations of babies and young children, some 24 cases being handled, most of them sick babies. The car was found to meet every possible requirements and, in fact, proved itself particularly ideal for rural work.

When the Children's Year Committee first considered the possibilities of operating such a Traveling Dispensary it was thought that three-fourths of its value would lie in propaganda, the other one-fourth in practical work. In actual operation, however, the case is found to be almost the reverse, its practical value equaling, if not exceeding, its advertising possibilities. It is hoped before the season is over to make several state tours for the purpose of demonstrating its particular adaptability for work in the rural districts as well as the congested sections of the larger cities. To insure practicability everything about the dispensary is kept ship-shape. When not in use or when on the move, everything is clamped or screwed into rigid position. It carries its own stove and water tanks. There is a typewriter where reports of the day's work may be written up. Its side tents are waterproof and its windows are break-proof for they are made of heavy celluloid instead of glass.

"In these tense and intense days," says Dr. R. A. Bolt, Secretary of the Cleveland Children's Year Committee, "it is not enough to care for the health of the children whose mothers place them in our care. We must go out and get the others—get them before they fall sick—so that our physicians and nurses can keep them well."

—Dr. E. G. Burton has been appointed temporary health officer of Lima during the absence of Dr. A. L. Jones in military service.

Colored Imposter Fined

H. C. Selby, colored, was apprehended in Cincinnati and arrested for practicing medicine illegally on an affidavit filed by the Chief Medical Inspector, Dr. Wm. H. Peters.

"Dr. Selby, The New York Specialist," was doing a flourishing business among the colored people. As an advertiser, Selby is not a piker. He likes to begin where others fail; desperate chronic diseases are his specialty; he cures everything under the sun. He even has a new nomenclature.

Strange to relate, the witnesses to bear testimony against him were volunteers. While the case was in process, one of his patients came into the court room, bottle in hand, for the final blow. The doctor will probably go back to his old specialty of "making little ones out of big ones." He was fined \$100.00 and cost by Judge Spiegel; could not pay the fine and was sent to the work house.

What Could We Expect?

One of the reasons why the state department of health finds that its orders and suggestions with respect to health matters do not receive the attention that they merit is found in a statement showing the character of the health service in the state.

In a six weeks period during the early summer the department approved the appointment of 17 village health officers in Ohio, who were chosen by their village councils. A glance at the following summary of the occupation, age and annual salary of the appointees tells the story:

Laborer, 33 years old, \$10; farmer, 37, \$12; retired, 67, \$25; physician, 51, fees; teacher, 33, \$10; physician, 35, no salary; oil worker, 44, \$20; farmer, 60, \$10; physician, 53, \$15; laborer, 45, \$65; physician, 69, \$25; physician, age not given, \$4; physician, 35, no salary; barber, 47, \$60; miller, 36, \$12; physician, 36, \$12; teacher, 26, \$35.

The Wassermann Test

Under the policy established by Dr. O. M. Kramer, resident physician at the Ohio Penitentiary, every man sent to the institution is given a Wassermann test when he enters.

Dr. Kramer reports that various groups of prisoners show from 16 to 40 per cent. positive reactions, while a general average of the prison indicates that approximately 500 out of 2,000 men now in the institution would be benefitted by the treatment. Because of lack of funds, present facilities for the further treatment is confined to those who will be helped immediately by it, but it is hoped that the next General Assembly will provide the means of supplying treatment either free or at reasonable cost, as has been done in the case of diphtheria treatment.

DEATHS IN OHIO

Henry F. Baker, M. D., Pulte Medical College, Cincinnati, 1874; aged 72; died at his home in Yellow Springs, July 19, of angina pectoris. Dr. Baker practiced in Yellow Springs for 35 years.

Judson Thomas Beall, M. D., Starling Medical College, Columbus, 1881; aged 60; member of the Ohio Medical Association and Summit County Society; died at his home in Akron, August 9, of exhaustion. Until two years ago Dr. Beall was proprietor and manager of Rifle Sanitarium, located at Rifle, Colorado, and since that time he has practiced in Akron.

Howard A. Brown, M. D., Starling Medical College, 1875; aged 64; member of the Ohio State Medical Association; died at his home in Carroll, July 13, as the result of an operation for appendicitis which he underwent two weeks prior to his death. Dr. Brown practiced in Carroll and Sugar Grove for 40 years. He is survived by his wife and one son, Dr. Archie A. Brown, with whom he was associated in practice.

John M. Carter, M. D., Cincinnati College of Medicine and Surgery, 1868; aged 79; a resident of Jackson Center; died in Hot Springs, Arkansas, July 7, from cerebral hemorrhage. Dr. Carter located in Jackson Center immediately after his graduation and practiced there until six weeks before his death, when he went to Hot Springs, expecting to remain a year.

John Webster Collins, M. D., Columbus Medical College, 1879; aged 74; a Fellow of the American Medical Association and member of the Ohio State Medical Association; died at his home in Toronto, July 31.

Henry Day, M. D., University of Maryland, School of Medicine, Baltimore, 1868; aged 79; died at his home in Newark, July 30, from the infirmities of age. Dr. Day was for a number of years health officer of Newark, physician to the infirmary and township health officer. Dr. Day was a native of West Virginia and at the beginning of the Civil War offered his services to the Confederate Army, in which he served during the entire war. He is survived by his wife and two daughters.

Chase L. Ferris, M. D., Medical College of Ohio, Cincinnati, 1903; aged 39; died at the home of his mother in Hamilton, July 27, from the effects of a bullet wound of the skull, self-inflicted, it is believed, while mentally irresponsible on account of despondency. Dr. Ferris was the son

of the late Dr. Jacob Ferris of Mt. Healthy, and is survived by his mother.

Alfred Kane Follett, M. D., Starling Medical College, Columbus, 1882; aged 60; was struck by lightning and instantly killed while working on his farm near Granville, July 23. Dr. Follett was a son of Dr. Alfred Follett, formerly a practicing physician of Granville, and a brother of the late Dr. George Follett of Columbus. He is survived by his wife and one daughter.

Edwin Gillard, M. D., Cleveland University of Medicine and Surgery, 1872; aged 73; died at his home in Sandusky, recently. Dr. Gillard had recently retired from active practice because of ill health.

Clarence Wells Goss, M. D., Starling Medical College, Columbus, 1869; aged 50; member of the Ohio State Medical Association and Fellow of the American Medical Association; died at his home in Lancaster, July 29, from tuberculosis. Dr. Goss was the son of the late Dr. J. H. Goss with whom he was associated in the practice of medicine in Lancaster for 27 years. His wife and one son survive.

William M. Helm, M. D., Eclectic Medical College, Cincinnati, 1871; aged 72; died at his home in Columbus, August 7, after a day's illness due to peritonitis. Dr. Helm came to Columbus six years ago from Richmond, Indiana, where he was a practicing physician for 45 years. One son and two daughters survive.

Henry Burt Herrick, M. D., Western Reserve University, Cleveland, 1891; aged 54; a member of the Ohio State Medical Association and Fellow of the American Medical Association; died in Brest, France, June 16, whither he had gone to engage in Red Cross work.

Guy J. Kent, M. D., Eclectic Medical College, Cincinnati, 1902; aged 41; member of the Ohio State Medical Association; died, August 18, following an operation for hernia, which he underwent to permit his entrance into active military service. Dr. Kent was a resident of West Liberty and was serving as secretary of the Logan County Medical Society at the time of his death. His passing is a distinct loss to the medical profession and to his host of friends. Dr. Kent was an earnest patriot and gave his life for his country, just as truly as do those who fall on the fields of France.

Charles A. Kiefer, M. D., Pulte Medical College, Cincinnati, 1876; aged 64; died at his home in Dayton, July 22, from cirrhosis of the liver.

Ezra Smith Koons, M. D., Starling Medical College, Columbus, 1890; aged 61; member of

the Ohio State Medical Association and Fellow of the American Medical Association; died at Grant Hospital, Columbus, July 31, from septicemia, following a mosquito bite. Dr. Koons' home was Glouster, Ohio.

Thomas Cato Kinmont, M. D., University of Michigan, Ann Harbor, 1866; aged 86; died at his home in Hicksville, July 5.

Odo E. Portman, M. D., University of Wooster, Medical Department, Cleveland, 1871, aged 69; died at his home in Cleveland, August 4, from a complication of diseases. Dr. Portman was born in Solothurn, Switzerland, and attended the University of Zurich, coming to this country in 1869. He practiced his profession in Canton for almost half a century and continued until the spring of 1917, when he was compelled to retire because of failing health.

August W. Ringer, M. D., Medical College of Ohio, Cincinnati, 1872; aged 70; died at his home in Cincinnati, August 1, from cerebral hemorrhage. Dr. Ringer was in charge of the first clinic of the original Cincinnati Hospital and was house physician at Good Samaritan Hospital for a number of years.

Elias J. Reed, M. D., Cincinnati College of Medicine and Surgery, 1872; aged 79; died in Lutheran Hospital, Fort Wayne, Indiana, June 25. Dr. Reed was a veteran of the Civil War. His home was in Leipsic, Ohio.

Prudence B. Saur, M. D., Women's Medical College of Pennsylvania, Philadelphia, 1871; died at her home in Amherst, August 6, from the infirmities of age. Dr. Saur at one time practiced in Napoleon.

Simon W. Simmons, M. D., Starling Medical College, Columbus, 1884; aged 76; died at the home of his daughter near Sidney, July 30, from senile debility. Dr. Simmons, who for many years practiced medicine in Quincy, was a veteran of the Civil War. He is survived by three daughters.

James D. Southward, M. D., Eclectic Medical College, Cincinnati, 1890; aged 57; died at his home in Carey, August 6, after a two years' illness with dropsy. Dr. Southward had practiced in Carey since the year of his graduation. His father, wife, one daughter and two sisters survive.

James L. Watson, M. D., Ohio Medical College, Toledo, 1891; aged 61; a member of the Ohio State Medical Association; died at his summer home in Clear Lake, Indiana, July 11, from malignant disease. Dr. Watson served one year

as president of the Toledo Academy of Medicine and had been chief medical director of the Toledo Traveling Men's Association for 20 years. He was a member of the staff of Robinwood Hospital at the time of his death. Besides his wife, three daughters and one son survive.

Marriages in Ohio

—Don B. Biggs, M. D., Findlay, to Miss Eva Swope, at Felicity, July 9.

—Daniel Milliken Skinner, M. D., lieutenant, M. R. C., Hamilton, to Miss Bess Eigher, Cincinnati, July 4.

Small Advertisements of Interest

WANTED TO BUY—Coolidge tube in good condition. Address Dr. Hugh J. Means, 322 East State St., Columbus, Ohio.

FOR SALE—One of the best opportunities to get into a first-class \$5,000 general practice, will be given to the purchaser of my modern home and office combined. Part cash and balance on time. Competition—one young practitioner. Town for years has had from three to four active physicians. Good roads. I have entered the Army. Address my wife, Mrs. A. C. Musgrave, Ohio City, Ohio.

WANTED—Physician to give anesthetics and as assistant in caring for hospital of 17 beds, and general practice. No man has a right to apply who is eligible for the Medical Reserve Corps, including men having remediable defects. Will consider a man who has been rejected from the army because of physical defects or a man past forty-five years who could not be taken in the Medical Reserve Corps. Write Dr. H. J. Pool, The Pool Hospital, Port Clinton, Ohio.

FOR SALE—One portable Campbell X-Ray coil and high frequency apparatus for alternating current. Model E., 110 volts, 5 amperes, 60 cycles. Equipped to give D'Arsonval, thermoforadic and sinusoidal currents; cautery and diagnostic lamp, complete with instrument cabinet and high frequency chair. Price reasonable. Dr. G. W. Keil, 207 East State St., Columbus, Ohio. Tel. Main 47; Citiz. 19770.

FOR SALE—Oliver Typewriter in first class condition. Used only two months. For particulars address M. G., care of *The Journal*.

WANTED—Position as private secretary by young woman who has had three years' experience in physician's office. Can do first-aid and general office work. Address: Post Office Box 293, Salem, Ohio.

Dr. Eyman Tells of Cruel Restraint Exercised in Insane Hospitals When he Entered Field 34 Years Ago

On May 2, Dr. Henry Clinton Eyman, of Massillon, completed his 34th year in the service of the state. The event was fittingly observed by the managing officers of other state hospitals who spent the day with him at Massillon where he has been medical director for eighteen years.

Dr. Eyman entered the state service as an assistant physician at the Athens State Hospital in 1884. He served the Toledo State Hospital for five years, and the Cleveland State Hospital for eight years. He always has been active in the neurologic field, and is now secretary-treasurer of the American Medico-Psychological Association.

Dr. Eyman at the Massillon meeting presented an exceedingly interesting review of his 34 years' experience with the insane. Dr. Eyman always has been an advocate of substituting occupational therapy for the cruel and useless methods of restraint that formerly were the rule in hospitals for the insane. His reminiscences upon this subject are exceedingly interesting. We quote from his account of his experiences in the Cleveland institution, where he assumed charge in the early nineties.

"After nearly five years service at Toledo, I was called to the superintendency at Cleveland Asylum, known as the Newburgh Asylum. Here I found all manner of mechanical restraint. My predecessor had believed in that method of caring for the unfortunates. I had been trained in a non-restraint school, had been taught to believe in the "restraining influence of liberty" and to "look through the lunatic to find the man, and not through the man to find the lunatic" instead of the doctrine that "the only safe lunatic is a locked-up and a tied-up lunatic."

"I found forty patients in solitary confinement, twenty-six undergoing all kinds of mechanical restraint and nineteen in cribs, or covered beds, out of a total of six hundred patients. Most of you have never seen a crib. They are about six feet long and eighteen inches wide, and have a lid that can be locked. They are often fitted up with wire springs and a small mattress or pad. The patient is placed in the crib, his bedding tucked down around him, the lid or cover let down or locked, and the patient is left there perfectly comfortable so long as he does not wish to move—just as you will be comfortable in your coffin. To be kept in a crib like this for twenty-four hours a day and three hundred and sixty-five days a year spells awful heinous torture.

"There were twenty-six strapped to big benches and chairs which were screwed to the floors and walls, and tied with a strap around the legs, another about the waist and frequently

wearing muffs and a straight-jacket in addition. A straight-jacket was made of very heavy and very stiff sole leather and reached from the hips to close under the chin, so that when a patient was trussed up like this he could not move nor even look any direction save straight ahead. There also was a large airing court where the patients were turned out to get air. Here they would divest themselves of their clothing, fight and raise such disturbance as might result from a pigment of diseased brain.

"Having been raised in a non-restraint school, I commenced to readjust conditions in harmony with my faith. We liberated those tied, released those confined to their rooms and got them out of the cribs just as rapidly as we could, with help who had been taught to believe in all forms of mechanical restraint. One very old lady had been in a crib so long that she could not help herself in the least. It was no longer necessary to keep the top of the crib closed, but there she was kept twenty-four hours a day, lying huddled up on one side, and that side a mass of bed sores.

"I said to the assistant physician in charge, 'There might be some excuse for keeping some of these patients in the crib, but why is Mrs. D. kept there? She is perfectly harmless and helpless.'

"He answered, 'Well, Mrs. D. was quite excited when she came here three years ago and we put her in the crib and being short of beds we just kept her there.'

"I at once ordered her taken out. A woven wire spring was placed upon the floor and nice clean bedding laced upon it. She was gently lifted to the bed and placed upon her other side. Drying powders and other lotions were used on the bed sores, massage and passive motion to the cramped and crooked limbs. She was taught to walk, she was taught to talk, and after several months treatment she began to improve in mind and finally made a good recovery, went home to her family and did not have a relapse as far as I know. She was as helpless as a child and apparently totally demented. There was a mental stagnation, and death was bound to occur in a comparatively short time had she been left alone.

"Another interesting case was that of O. P. This patient had been in the institution more than two years, and had been in solitary confinement every day of the time. There was not an article of furniture in the room, nor did he wear a stitch of clothing. There was a little hole about six inches square cut in the door through which his food was poked and through which the attendant could observe him, presumably to

see if he were living or dead. I know of no other reason. When the room in which he was kept became so filthy that the stench became unbearable, the door of the adjoining room was opened and he was driven into the other room, just as you would drive a vicious bull from one stall to another.

"After we had most of the patients released, I said to the attendants, 'Isn't it about time to release Otto?'"

"The reply was, 'We think, doctor, that to release Otto would be going too far. We have been astonished at what has been done, but in releasing Otto you would make a mistake.'"

"What would he do?"

"Why he would go up and down this ward knocking down everybody he would meet.'"

"Well, we let it go at that for a time until every body in the entire institution had been released, save Otto. I then took a nobby suit of clothes, went to the ward and handing the clothing to the head attendant I told him I wanted him to take three assistants, go into Otto's room and put the clothing on him. I said I would stand in front of the door, in the middle of the hall, and if any one was to be knocked down I

would take the first chance. They went into the room and did have quite a scuffle, but finally got the clothes upon him and opened the door.

"He came out like a wild beast and rushed the entire length of the hall, whirled and came back. I stepped out in front of him, grasped his right hand in both of mine and talking just as rapidly as I could, said to him what a shame it was to keep him locked up and how glad I was that he was out and any other thing that came into my head.

"His wildness of eye began to disappear and after three or four minutes, he relaxed and said 'huh' and went and sat down. That was all the fight there was and he was never locked up an hour afterward. While he did not recover, yet life was made tolerable for him. I have only given these two cases, because they still stand out clear and distinct in my memory.

"What has taken the place of restraint? Work and recreation. Useful occupation and agreeable recreation. The patient must be employed and diverted. Patients are constantly watching and weighing and longing. We are too prone to forget the individual in looking after the masses."

The Newspapers and the Medical Draft

The following editorial—from *The Columbus Dispatch* of recent date—is indicative of the general attitude of the daily press toward the constant reports emanating from Washington that it may be necessary to draft physicians in order to secure a sufficient number for the Army:

"The physicians, as a class, have done well in the war. That is they have been as loyal and self-sacrificing as any other class of people. This is especially true of the physicians over forty years of age. What slacking there has been among them has been with those under forty. There is some complaint that the physicians under forty years of age are not coming forward to serve in the Army as they should.

"It is asking a great deal of a physician—especially of a young fellow who is just establishing a practice, and who has not as yet accumulated a competency—to give up his practice and enter the service. But it is asking a great deal of a boy to go into the Army and fight.

"We have heard of one physician who says the reason he does not volunteer is that he is needed at home; that the people of his community require his services. We take no stock in any such reason. In the first place the people "at home" do not require the services of a physician to the extent that the soldiers do. As cold as it may sound, their lives are not worth so much. Besides, there is nothing in the statement; there are plenty of physicians past the age when they could be of most use to the government to stay at home and look after the people who require treatment.

"Much is to be expected of the physicians of this country. They ought to be a superior lot of men. Well-educated, intelligent, loyal to the institutions of this country, they ought not to have to be conscripted to do their duty. So far there has been little complaint of their not doing their duty. But the supreme test is now at hand; they are needed as they have not heretofore been needed. It is to be hoped that they will measure up to the estimate placed upon them by the community."

Military Medical Meeting

The regular quarterly meeting of the Sixth Councilor District, which is usually held in August, was omitted this year because of war conditions. In its stead physicians of this district held a rousing patriotic meeting at Canton on the afternoon of August 13. The object of the meeting was to place before the doctors the great need of the Army and Navy for medical officers and explain the organization of the new Volunteer Medical Service Corps. Among the speakers were four members of the Medical Section of the Ohio Council of National Defense—Dr. Charles S. Hamilton, of Columbus, secretary; Dr. Charles F. Clark, Columbus; Dr. J. E. Cook, Cleveland, and Dr. C. N. Smith, Toledo.

Dr. J. H. Seiler, secretary of the Sixth District Association, advises us that a splendid program is being arranged for the annual session, to be held in Wooster in November.

THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

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Ellison, S. J. *West Union*
 Kennedy, Edwin J. *Peebles*
 Irwin, J. W. *Seaman*
 Irwin, R. W. E. *Manchester*
 Sproull, O. T. *West Union*

ALLEN COUNTY

Lima

Basinger, H. L.
 Bradfield, I. C.
 Chenoweth, O. E.
 Clayton, G. R.
 Curtiss, E. J.
 Hay, Virgil H.
 Hibbard, Burt
 Johnson, J. R.
 Jones, Arthur L.
 King, G. W.
 Longworth, M. J.
 Parent, M. V.
 Pfeiffer, Albert
 Sibert, A. V.
 Sinks, E. D.
 Tallman, Claude A.
 Vorbau, W. H.
 Wagner, M. A.
 Weadock, E. G.
 Yingling, E. C.
 Brunk, C. F. *Elida*
 Gamble, Charles D. *Spencerville*
 Hauman, L. H. *West Cairo*
 Miller, G. E. *Elida*
 Soash, M. D. *Bluffton*
 Steiner, Josiah S. *Bluffton*
 Tillotson, J. R. *Delphos*
 Wolfe, John R. *Delphos*

ASHLAND COUNTY

Ashland

Ash, Ray C.
 Crawford, R. B.
 Meuser, C. B.
 Heyde, Jacob M.
 Mohn, D. C.
 Patton, C. C.
 Powell, Otho J.
 *Loudonville*

ASHTABULA COUNTY

Ashtabula

Collander, Paul,
 Crosby, Charles C.
 Driscoll, F. J.
 Pardee, A. H.
 Stewart, Neville E.
 Thomas, A. W.
 Wynkoop, R. B.
 Leet, W. H.
 Warner, Otto N.
 Wilson, Harold
 Dickson, O. A. *Jefferson*
 Graham, O. L. *Kinsville*
 Lewis, George W. *Pierpont*
 Sellers, Robt. R. *Orwell*
 Sherwood, Z. O. *Geneva*

ATHENS COUNTY

Athens

Andrews, C. H.
 Crawley, J. R.
 Douthitt, C. M.
 Farmer, A. G.
 Goldsberry, B. R.
 Hooper, E. L.
 LeRoy, Bernard R.
 Merwin, J. T.
 Crossen, K. T. *Carbondale*
 Danford, V. G. *Trimble*
 Dew, C. G. *Nelsonville*
 Flinn, George E. *Amesville*
 Harper, E. D. *Guyssville*
 McLaughlin, P. R. *Guyssville*
 Pedigo, S. E. G. *Marshfield*
 Sprague, Wiley T. *Chauncey*
 Webb, W. C. *Albany*

AUGLAIZE COUNTY

Anderson, W. M. *Wapakoneta*
 Day, J. M. *Waynesfield*
 Deerrhake, W. A. *St. Marys*
 Haveman, George A. *New Bremen*
 Noble, Harry Spencer *St. Marys*
 Shuffleton, F. A. *St. Marys*

BELMONT COUNTY

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 Berry, J. C. *Shadyside*
 Evans, Forest M. *Bellaire*
 Judkins, R. J. *Barnesville*
 McCartney, J. T. *Barnesville*
 Reed, Charles L. *Bellaire*
 Wright, Fred S. *Bellaire*

BROWN COUNTY

Chaney, Herbert M. *Sardinia*
 Jackson, E. D. *Georgetown*
 Tyler, George P., Jr. *Ripley*

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Hamilton

Graft, John A.
 Griffith, W. E.
 Rogers, W. N.
 Beach, Wilbur E. *Somerville*
 Wilke, A. B. *Oxford*

CARROLL COUNTY

Rheil, J. A. *Malvern*
 Shipley, R. T. *Carrollton*

CHAMPAIGN COUNTY

Urbana

Houser, D. C.
 Houston, M. C.
 Hamsher, J. F.
 Harrell, Martin E.
 Jenkins, J. T.
 Norman, J. W.
 Pearce, H. M.
 Smith, M. L.
 *St. Paris*
 *Woodstock*
 *St. Paris*
 *St. Paris*

CLARK COUNTY

Springfield

Andre, Robert M.
 Hall, Fred E.
 Dornblaser, H. B.
 Hamma, C. B.
 Jones, C. L.
 Keyser, T. S.
 Link, J. A.
 Miller, Harry
 Ort, Wallace A.
 Potter, A. H.
 Poulton, J. H.
 Rind, Robert C.
 Rinehart, J. H.
 Rodebaugh, G. C.
 Syman, L. L.
 Ultes, W. P.
 Webb, Joseph

CLERMONT COUNTY

Griffith, M. S. *Clermont*
 Hicks, Wm. F. *Amelia*
 Kennedy, Edw. J. *Milford*
 Roberts, David M. *New Richmond*
 Terwilligar, Clyde B. *Milford*
 Wakefield, J. D. *Loveland*

CLINTON COUNTY

Brown, H. M. *New Vienna*
 Conard, Robert *Blanchester*
 Gibson, Harold E. *Blanchester*

COLUMBIANA COUNTY

Leetonia

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 Conrad, S. A.
 Harman, Howard E.
 Hennen, Leroy S.

Salem

Derfus, L. F.
 John, Henry J.
 McGeorge, James M.
 Yaggi, H. K.

East Liverpool

Andrews, O. P.
 Bailey, C. H.
 Lemmon, Chas. E.
 McCutcheon, M. D.

Bennett, H. W. *Lisbon*
 Maxwell, H. S. *Lisbon*
 McHenry, Joseph B. *Hanoverton*
 Mellon, J. A. *Columbiana*

COSHOCKTON COUNTY

Cureton, B. F. *Walwhonding*
 Keenan, W. H. *Coshockton*
 Lower, J. D. *Coshockton*
 Smailes, J. G. *Coshockton*

CRAWFORD COUNTY

Bucyrus

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 Carlisle, W. G.
 Caton, Russel J.
 Gates, Wm. C.
 Gordon, Harold J.
 Pelton, Chas. H.

Galion

Allen, Maurice L.
 Helfrich, M. L.
 Kring, John B.
 Mandeville, C. C.
 Murr, Paul A.

Barth, Karl H. *Chatfield*
 Edwards, Austin R. *Chatfield*
 Harris, Ralph R. *Crestline*

CUYAHOGA COUNTY

Cleveland

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 Andrews, Fred L.
 Avellone, Joseph C.
 Bachman, Ulysses M.
 Bahler, C. J.
 Ballard, Homer C.
 Barney, William R.
 Bell, Leo P.
 Berr, A. H.
 Bishop, R. H., Jr.
 Biddinger, A. E.
 Bogart, Clark S.
 Bolt, R. A.
 Boutwell, Joseph H.
 Bowers, Charles A.
 Roykin, John T.
 Brainard, Albert J.
 Bray, Charles M.
 Brooks, Ernest R.
 Burhans, Charles W.
 Burstein, Theodore
 Bunts, F. E.
 Cable, C. H.
 Caine, Wm. Hatfield
 Chalatz, J. H.
 Chamberlain, Wilson S.
 Chase, Clyde H.
 Christie, C. D.
 Clarke, Robert
 Cobb, P. W.
 Colvin, Byron B.
 Cooper, Frederick S.
 Crawford, M. L.
 Crile, George W.
 Crooks, John H.
 Crow, Allen G.
 Cutler, Franklin E.
 Darby, John C.
 Davidson, Paul F.
 Davis, Howard H.
 Denison, Adam B.
 Dexter, Richard
 Dinsmore, R. S.
 Dippol, Arthur L.
 Drach, A. E.
 Dwyer, William E.
 Fisenbrey, A. B.
 Euler, F. A.
 Fallas, Roy E.
 Feil, A. H.
 Feiss, Henry O.
 Filak, John A.
 Finch, P. F.
 Fliedner, G. B.
 Follansbee, R. G.
 Forbes, Roy P.
 Fried, Amos E.
 Friedman, Clermont
 Gallagher, V. J.
 Gallagher, Francis J.

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 Gibson, Frank S.
 Gill, William C.
 Glass, George F.
 Goodman, Isadore J.
 Gordon, H. J.
 Graham, Allen
 Grossman, A. B.
 Grossman, Royal G.
 Haefele, George L.
 Harrison, B. I.
 Harter, James H.
 Heabler, Locke E.
 Heimlich, Daniel
 Herrick, Frederick C.
 Heyne, Rudolph
 Hickin, F. W.
 Hill, Walter C.
 Hinton, Drury
 Hitchings, F. W.
 Hoover, C. F.
 Hosmer, M. F.
 Ibershoff, A. E.
 Ingersoll, J. M.
 Jackson, Theron S.
 Jasinski, I. E.
 Jones, Albert L.
 Jones, Arthur S.
 Jones, Frank H., Jr.
 Jones, N. M.
 Jones, Thomas E.
 Karsner, Howard
 Kelly, S. W.
 Kendall, P. G.
 Kennedy, E. P.
 Kennerdell, Thomas R.
 Kline, David R.
 Konrad, E. C.
 Krauss, L. W.
 Krebs, Paul H.
 LaRocco, Charles G.
 Lichtig, Henry A.
 Linden, J. E.
 Longeway, A. F.
 Lower, William E.
 Lowman, J. H.
 Lowry, W. P.
 Lyle, J. A.
 MacDonald, D. M.
 MacFarland, C. H., Jr.
 MacLachlan, J.
 Mahrer, Max
 Manley, O. T.
 Manley, R. M.
 Marine, David
 Martzloff, K. H.
 Matuska, Ignatius W.
 Mayer, Nevin C.
 McClelland, Joseph E.
 McCleery, John M.
 McGav, N. P.
 McNamee, Edgar P.
 Meek, John A.
 Menner, Jos. C.
 Morrill, Gordon N.
 Mosiman, Roscoe E.
 Motto, M. P.
 Murphy, Patrick S.
 Mylitt, E. C.
 Neary, Edward P.
 Neitz, Eugene P.
 Neubauer, Bernard R.
 Nicholas, William S.
 Nonnier, Charles
 Norlin, Campbell F. G.
 Norton, James T.
 O'Brien, H. M.

O'Brien, Martin A.
 O'Malley, George P.
 Osario, Vasco E. M.
 Ossman, Lawrence N.
 Osmond, John D.
 Oster, Lewis A.
 Paryzek, Harry
 Paul, Leslie J.
 Pearce, Roy G.
 Perkins, Roger G.
 Peterson, E. A.
 Piercy, Harry D.
 Pilcher, James D.
 Placak, J. C.
 Prill, Henry C.
 Prichard, H. D.
 Randolph, James E.
 Ravitz, Leonard R.
 Reese, David L.
 Reich, Rudolph S.
 Rice, Franklyn A.
 Richardson, Maurice L.
 Robertson, Arthur E.
 Robinson, Andrew S.
 Rohland, William F.
 Rogers, W. B.
 Rosenberg, D. V.
 Ruggles, Charles L.
 Ruh, Harold O.
 Sanford, H. L.
 Savage, Hugh J.
 Sawicki, Bruno J.
 Schlink, Henry A.
 Schoolfield, E. C.
 Selman, J. J.
 Shale, R. J.
 Sheets, Lorin G.
 Sherry, Leroy B.
 Shube, Herman
 Shupe, T. P.
 Sibilla, Alvin O.
 Sill, Ralph H.
 Skeel, R. E.
 Sloan, Harry G.
 Sobal, S. A.
 Southwick, A. A.
 Spurney, Anton B.
 Steel, John M.
 Stone, Alvin A.
 Stone, Charles W.
 Stoner, W. C.
 Stotter, A. L.
 Strauss, Abraham
 Suggs, J. T.
 Tarr, H. M.
 Taylor, H. Lester
 Teter, Hadley H.
 Thomas, C. B.
 Thomas, Meethyn
 Thompson, H. S.
 Thompson, Raymond L.
 Tippie, John W.
 Townsend, Oscar E.
 Treister, C. D.
 Tucker, J. P.
 Ulrich, Joseph M.
 Verovitz, C. H.
 Von Den Steinen, E.
 Wagner, Harold F.
 Wahl, Harry
 Walker, Thomas E.
 Ward, Harry H.
 Wehrhach, H. V.
 West, J. Hubert
 Williams, R. W.
 Wolf, E. E.
 Wychgel, James N.
 Yoder, I. I.
 Zinner, Nicholas L.

Rieckhoff, F. A.Defiance
 Stephan, Joseph E.Jewell

DELAWARE COUNTY

Davies, W. W.Delaware
 Miller, Floyd V.Delaware
 Postle, Franklin D.Delaware
 Robinson, G. E.Ostrander
 Weller, V. B.Delaware

ERIE COUNTY

Sandusky

Fenker, William T.
 Graefe, Henry, Jr.
 Lebhcq, F. J.
 Houghtaling, F. M.
 Humphreys, Daniel W.
 Kuhl, Albert F.
 Manning, George W.

Saunders, Ralph T.
 Soash, Henry L.
 Southwick, P. F.

Huron

Cedar Point

Huron

Kelleys Island

FAIRFIELD COUNTY

Lancaster

Axline, C. G.
 Bone, P. S.
 Caldwell, S. C.
 Hamilton, C. H.
 Brown, Carl W.
 Coleman, William R.
 Driver, Jas. R.
 Fisher, C. R.
 Hoster, R. S.

Lantz, James M.
 Schaffer, A. M.
 Silbaugh, John J.

Bremen

Sugar Grove

Bremen

Leaverton

Amanda

FAYETTE COUNTY

Washington C. H.

Baughn, Harry A.
 Demuth, W. F.
 Hodson, Herman O.
 French, John H.
 McDonald, E. H.

Howell, Luther P.
 Woodmansee, A. D.

Jeffersonville

Bloomington

FRANKLIN COUNTY

Columbus

Adams, Richard O.
 Adel, E. E.
 Albanese, N. A.
 Alcorn, John G.
 Allbrittain, James W.
 Bay, W. F.
 Beam, E. C.
 Boucher, H. E.
 Bausch, Robert P.
 Boudreau, F. G.
 Brehm, G. W.
 Burkett, Dora V.
 Clark, Edw. M.
 Clouse, K. A.
 Davis, P. A.
 Dawson, Dudley T.
 Denser, Clarence H.
 Dodd, Verne A.
 Duffee, W. E.
 Dunham, John D.
 Dunn, J. M.
 Dysart, N. C.
 Eckstorm, J. B. C.
 Edelman, Samuel D.
 Edwards, J. C.
 Elder, R. P.
 Faulder, George B.
 Fletcher, Fred
 Forman, J.
 Freeman, A. W.
 Gallen, F. T.
 Gatewood, Lee C.
 Gilliam, D. B.
 Goodman, S. J.
 Gordon, Elijah J.
 Grosvenor, Fred B.
 Hamilton, Charles S.
 Haney, Forest C.
 Harlor, D. M.
 Hauer, A. M.
 Hindman, Samuel
 Hixson, A. H.
 Hollingshead, F. M.
 Hoskins, G. O.
 Houke, Rae E.
 Hoy, Card D.
 Hugger, C. C.
 Johnson, Romeo A.
 Jolley, Roy F.
 Jones, Daniel W.
 Junkermann, Edgar B.
 Keiser, Jay G.
 Kerschner, J. E.
 Kessler, John
 Lawrence, F. F.
 Lawrence, Gerald P.
 Lehner, Charles S.
 Ludwig, E. C.

Lutz, Fred A.
 Markwith, R. E.
 Maxwell, Charles L.
 McCafferty, Lawrence
 McCampbell, E. F.
 McClelland, C. E.
 McDowell, John R.
 McKay, Walter H.
 McNeerney, Joseph D.
 Means, Jack
 Meek, G. T.
 Miller, W. H.
 Millhon, W. F.
 Morgan, W. H.
 Nichols, John H.
 Noble, R. G.
 Noble, W. A.
 Oelgoetz, A. W.
 Osborn, Morse F.
 Pfeifer, C. E.
 Phillips, D. P., Jr.
 Postle, C. E.
 Reel, Phillin
 Rowland, G. A.
 Russell, Lecky H.
 Sandoe, D.
 Schaeffer, G. C.
 Scheib, John P.
 Seeds, A. H.
 Sellenings, Oscar H.
 Shaffer, Edwin F.
 Shaffer, Elgie R.
 Sharp, C. E.
 Sheetz, J. W.
 Shoemaker, Abram J.
 Small, Victor R.
 Smith, Edward E.
 Snively, Harry H.
 Steinfeld, A. M.
 Stevenson, R. B.
 Strausbaugh, H. D.
 Sullivan, Timothy J.
 Taylor, W. N.
 Thornton, R. A.
 Turner, J. A.
 Van Dyke, Frank S.
 Valentine, A. M.
 Vorhes, J. H.
 Waite, H. C.
 Warren, J. H.
 Wells, C. H.
 Wilcox, S. S.
 Williams, Fred
 Wilson, Philip D.
 Winders, Frank
 Wright, H. R.
 Wood, E. C.

Breck, TheodoreBrecksville
 McClain, Alvah S.Lakewood
 Mulky, CarlWarrensville
 Saddler, J. L.Lakewood
 Thompson, Ralph B.Solon
 Wakefield, E. F.Chagrin Falls

DARKE COUNTY

Husted, E. G.Greenville
 Reck, Harry W.Gettysburg
 Sarver, A. F.Greenville
 Smith, W. I.Arcanum
 Spittler, R. H.Greenville
 Sullivan, Charles P.Burkettsville
 VanLue, J. W.Gettysburg

DEFIANCE COUNTY

Cass, James W.Farmer
 Kettredge, M. R.Evansport

THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

Junkermann, W. Z. Westerville
Miller, S. H. Marble Cliff
Renner, John W. Hilliards

FULTON COUNTY

Cosgrove, P. C. Swanton
Evers, William Tedrow
Hartmann, Carl F. Wauseon
Lathrop, W. L. Metamora
Maddox, W. H. Wauseon
Murbach, Clarence F. Archbold
Murbach, E. A. Archbold
Renolds, Ralph W. Fayette
Wilkins, Archibald M. Delta

GALLIA COUNTY

Clark, John W. Vinton
Holzer, C. E. Gallipolis
Morgan, E. H. Gallipolis
Rose, E. J. Gallipolis

GEAUGA COUNTY

Bohm, A. E. Montville
Dayton, Nell Avon Burton
Myler, T. F. Burton
Williams, A. D. Huntsburg

GREENE COUNTY

Darnell, William T. Xenia
Finley, R. K. Xenia
McClellan, Ben R. Xenia
Smith, Simpson A. Cedarville
Whitaker, Harry O. New Burlington

GUERNSEY COUNTY

Danford, V. H. Byesville
Johnson, Alex R. Lore City
Johnson, C. R. Cambridge
Lane, Fred W. Cambridge
Nuland, Harold R. Cambridge
Shively, Chas. F. Lore City
Skeen, Carroll H. Seneca
Wells, H. L. Cambridge

HAMILTON COUNTY

Cincinnati

Albers, F. J.
Applegate, Matthew M.
Aub, Joseph C.
Ayres, W. M.
Bachmeyer, Arthur C.
Bader, Ellis
Baker, E. E.
Baehr, E. M.
Beaman, Charles W.
Benjamin, Julian
Bentley, James M.
Benus, H.
Betzner, C. W.
Biern, Oscar B.
Brown, Herbert A.
Brummett, J. S.
Buff, Julian H.
Caldwell, J. A.
Carothers, Ralph
Christen, T. A.
Cole, A. P.
Coleman, David H.
Colter, Philip
Coppock, Frank
Cornish, L. A.
Cragg, Harry C.
Crawford, Clay
Critchlow, M. M.
Cross, Frank B.
Cusher, L. M.
Dawe, C. W.
DeCourcy, C. W.
DeNeen, D. D.
DeVita, Michael R.
Doyle, John B.
Dryer, Charles S.
Dunham, H. K.
Dunton, A. H.
Ervin, Charles K.
Falk, Jacob B.
Faller, A.
Fayen, Emmet
Feid, Louis, Jr.
Fennel, Eric A.
Foertmeyer, W. A.
Fogel, E. I.
Ford, Starr
Fox, A. J.
Francis, Robin W. C.
Freiberg, A. H.
Friedlander, Alfred O.

Freyhof, William L.
Gaines, B. A.
Gaston, Raymond E.
Gath, Philip
Geringer, Albert O.
Gieseler, R. J.
Gillespie, William
Gorton, L. W.
Graf, W. J.
Gray, Edward B.
Greene, Claud D.
Hagen, J. Stewart
Hale, Claude E., Jr.
Hall, Joseph A.
Handley, Daniel C.
Hardinger, Ralph W.
Hatfield, Walter H.
Hauser, Selmar
Heizer, Lewis W.
Hendley, Frank W.
Hofmann, A. P.
Holmes, C. R.
Hooker, Elizabeth
Iglauer, S.
Jenkins, W. I.
Jennie, J. J.
Johns, Barron
Johnston, E. S.
Jones, L. L.
Keller, N. H.
Kelley, Thomas
Keiger, J. M.
Kiely, C. E.
King, Edward
Kiser, A. E.
Koch, Arthur E.
Knauf, Arthur R.
Knoop, E. T.
Kramer, S. P.
Kuck, Edward
Lamb, Benjamin
Lamb, Frank
Layport, William L.
Lee, Duke
Lee, Henry M.
Lehman, B. F.
Lindenberger, L. N.
Luehrs, L. E.
Maddox, Robert D.
Maertz, Charles
Majoewsky, Leo R.

Mann, Harry F.
Matuska, Anthony
Mayfield, Alfred L.
McCarthy, Merrick F.
McEwan, S. W.
McGrath, E. R.
Mehan, George T.
Metz, Charles W.
Moloney, Louis
Morris, Roger
Mytinger, Walter
Neal, Charles A.
Nellans, Byron O.
Norris, Benjamin
Odom, Stanley G.
Pinney, O. H.
Osmond, A. E.
Owry, Franklin J.
Paden, Russell H.
Paul, Charles M.
Peterson, Marcellus I
Pirrung, J. Edward
Place, Philip
Querner, Louis A.
Raman, Henry B.
Ransohoff, J. Louis
Ratliff, Thomas A.
Reed, R. W.
Rhodes, G. B.
Robbins, E. C.
Ross, William L., Jr.
Rowe, J. W.
Runyan, R. W.
Rupp, Dennis
Sattler, Ray
Sauer, F. J.
Savage, W. E.
Schell, H. F.
Schriver, L. H.
Schroeder, John H.

Carr, Alvin H. Reading
Klein, Elmer A. Norwood
Scott, N. H. Harrison
Snider, Frank E. Madisonville
Swing, Fred Harrison
Tate, Ralph B. Harrison
Tidball, C. W. Norwood

HANCOCK COUNTY

Findlay

Balsley, Alfred W.
Cooper, Elwin H.
Firmin, John M.
Hartman, John V.

Keator, Warren B.
Pennington, P. C.
Van Horn, A. M.

Todd, C. D. McComb

HARDIN COUNTY

Kenton

Belt, LeRoy L.
Nourse, John D.
Crum, John R.
Evans, Roy K.
Lynch, Elmer E.
Talbot, J. E.
Wisely, Allen N.

Snodergrass, Frank B.
Schutte, R. G.
Forest
McGuffey
Mt. Victory
Alder
Ada

HARRISON COUNTY

Black, Wilbur C. Freeport
Curtis, W. H. H. Piedmont
McClester, James C. Harrisville
McGrew, J. A. New Athens
Snence, W. S. Germano
Thompson, Raymond L. Jewett

HENRY COUNTY

Boesel, I. H. McClure
Bolles, J. R. Holgate
Earp, James F. Holgate
Garwood, George E. Colton
Harrison, C. M. Napoleon
Homeck, Herman W. Ridgeville Corners
Norris, O. L. Deshier
Slosser, D. J. Ridgeville Corners

HIGHLAND COUNTY

Ambrose, W. H. New Petersburg
Frame, J. H. Highland
Larkin, J. C. Hillsboro
McAllister, J. L. Highland
Varney, J. D. Greenfield

HOCKING COUNTY

Hayman, E. H. Murray City
Lyon, Claude C. Logan

HOLMES COUNTY

Bahler, C. T. Walnut Creek
Olmstead, Atlee R. Millersburg
Putnam, Isaac Millersburg
Purdy, F. P. Killbuck

THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

HURON COUNTY

Bell, Clement L. V. *Fitchville*
 Coupland, James D. *Norwalk*
 Dewey, H. R. *Bellevue*
 Gill, Robert C. *Norwalk*
 Mackintosh, Angus A. *North Fairfield*
 Reese, Benjamin C. *Monroeville*
 Reese, James W. *New London*
 Sipher, John A. *Norwalk*

JACKSON COUNTY

Davis, Daniel W. *Wellston*
 Davis, W. D. *Wellston*
 Gahm, Halder L. *Jackson*
 Hunter, Johnson S. *Jackson*
 Parker, W. H. *Wellston*

JEFFERSON COUNTY

Steubenville

Allsop, W. K. *Maxson, Charles W.*
 Biddle, James K. *Miller, James E.*
 Biddle, Victor *Montgomery, J. R.*
 Donehoo, W. S. P. *Saxton, S. W.*
 Erskine, DeMarr
 Atwell, Z. F. *Amsterdam*
 Caldwell, John R. *Rayland*
 Ferguson, G. A. *Toronto*
 McElroy, Thomas *Mingo Junction*
 Morrison, Paul *Tiltonville*
 Schilling, Robert W. *Toronto*

KNOX COUNTY

Mt. Vernon

Blair, Harry W. *Downs, Edwin D.*
 Claypool, John R. *Hardson, Chas. H.*
 Conard, Carrol D. *Pumphrey, J. M.*
 Cooper, Fred S. *Russell, Wm. C.*
 Douglass, S. A. *Workman, I. S.*
 Norrick, John H. *Fredericktown*

LAKE COUNTY

Davis, J. R. *Painesville*
 Jones, E. S. *Painesville*
 Winans, J. V. *Madison*

LAWRENCE COUNTY

Goelcamp, Edw. C. *Ironton*
 Henninger, O. H. *Ironton*
 King, Geo. W. *South Point*
 Marting, W. F. *Ironton*
 Mayberry, Irvin W. *Scottown*
 Ramey, John H. *Rock Creek*
 Rose, E. J. *Scottown*
 Schofield, Charles *Rock Creek*
 Stewart, Forrest R. *Sherut*
 Wiseman, Orlyn *Pedro*

LICKING COUNTY

Newark

Brown, James A. *Mitchell, L. A.*
 DeCrow, Reaves W. *Turner, V. R.*
 Lewis, W. H.
 Bishop, W. D. *Alexandria*
 Bozman, C. D. *Hebron*
 Burner, G. W. *Johnstown*
 Butt, G. K. *Hebron*
 Cass, E. M. *Utica*
 Cook, Edgar P. *Granville*
 Johnston, E. H. *Alexandria*
 Marriott, L. L. *St. Louisville*
 Mauger, Raymond C. *Johnstown*

LOGAN COUNTY

Bellefontaine

Butler, Robert H. *Pratt, Lester J.*
 Carey, William H. *Pratt, Malcolm L.*
 Makemson, F. R. *Pratt, Robert*
 McCracken, A. J. *Startzman, C. K.*
 Croft, J. W. *Swan, G. H.*
 Davis, Claude *West Liberty*
 Fulwider, Robert M. *East Liberty*
 Zanesfield

LORAIN COUNTY

Elyria

Gill, George *Lawrence, Frank A.*
 Hart, W. E. *Metcalf, H. M.*
 Hubbell, W. B. *Sheffield, Edwin E.*
 Kramer, I. C. *Smith, Arthur B.*
 Colegrove, P. C. *Oberlin*
 Dager, W. F. *Lorain*
 Faus, Ralph W. *Lagrange*
 Gregg, Frank B. *Wellington*
 Kasinski, Theo. J. *Lorain*

Mikolando, Otto *Lorain*
 Miller, Bryce A. *Amherst*
 Pease, R. A. *North Ridgeville*
 Story, C. L. *Oberlin*
 Wiseman, G. R. *Amherst*

LUCAS COUNTY

Toledo

Baldwin, M. G. *Lawless, Robert E.*
 Beck, Walter W. *Leaman, T. J. J.*
 Becker, Kurt C. *Louy, C.*
 Beckwith, Horace K. *May, E. G.*
 Belyea, James A. *McCormick, Edward J.*
 Bennett, H. A. *McGonigle, M. B.*
 Berger, C. A. *McNierny, F. B.*
 Beverly, S. S. *Meador, H. B.*
 Bidwell, P. J. *Miller, Lawrence D.*
 Booth, George B. *Moor, Daniel C.*
 Bowen, R. B. *Moots, Charles W.*
 Bowman, G. *Muener, J. A.*
 Brockway, P. B. *Mundy, Carl C.*
 Brown, Thomas H. *Myers, Foster*
 Cary, Walter *Newberg, Frank L.*
 Cass, James W. *Orwig, Earl*
 Chapman, G. L. *Pilliod, Frank W.*
 Chollett, Burt G. *Price, H. L.*
 Cohn, Harold S. *Ramsey, Thos. L.*
 Cole, Claude B. *Rees, Owen C.*
 Conger, William W. *Rhodes, F. L.*
 Dolloway, L. M. *Ricard, William A.*
 Eystone, Fred *Richie, A. J.*
 Faber, Charles F. *Rieg, Phil W.*
 Ferneau, Frank D. *Rosenblum, Herman G.*
 Ficklin, Frank B. *Salisbury, J. W.*
 Figley, Karl D. *Schade, August H.*
 Flower, H. M. *Selby, C. D.*
 Foster, S. D. *Seybold, N. J.*
 Gillette, Norris W. *Shapiro, William M.*
 Girardot, Adolph J. *Shrader, C. C.*
 Goodyear, Lucius B. *Souder, Charles G.*
 Grosh, L. C. *Stone, Willard J.*
 Harrison, Jay M. *Strathmann, William H.*
 Harvey, John H. *Sweeney, J. J.*
 Hein, Barney J. *Tenney, C. F.*
 Hetler, George A. *Tucker, John P.*
 Higgins, Thomas F. *Werum, Philip*
 Hixson, A. H. *Wilson, Dale*
 Iford, Daniel W. *Williamson, H. W.*
 Johnson, Philip M. *Whitwham, G. P.*
 Kern, Peter E. *Wright, G. N.*
 King, C. R. *Wright, J. F.*
 Lawless, J. T., Jr.

Comstock, R. W. *Maumee*
 Halbert, V. B. *Sylvania*
 Hayes, Harry S. *Whitehouse*

MADISON COUNTY

Christopher, Harry V. *London*
 Kerr, George M. *Lilly Chapel*
 Parker, John W. *London*
 Wittich, Roderick B. *Mt. Sterling*

MAHONING COUNTY

Youngstown

Barrett, C. D. *McCurdy, S. M.*
 Bierkamp, F. J. *McNamara, Frank W.*
 Blaine, William M. *Meyer, Nathan N.*
 Borden, P. G. *Mooney, C. A.*
 Brant, A. E. *Morrall, R. R.*
 Braun, E. J. *Morris, C. F.*
 Breese, Floyd P. *Moses, C. H.*
 Buchanan, J. U. *Nesbitt, D. A.*
 Bunn, W. H. *Nutt, George S.*
 Clark, C. R. *O'Grady, George W.*
 Chitte, Earl *Osborn, H. M.*
 Dixon, F. W. *Painter, A. M.*
 Dunn, George D. *Parillo, G. A.*
 Elder, J. F. *Phillips, D. B.*
 Farley, David L. *Redd, Wesley C.*
 Fenton, R. W. *Reed, C. M.*
 Fitzpatrick, F. P. *Reed, Colin M., Jr.*
 Hamilton, J. K. *Sherbondy, J. A.*
 Hancuff, A. P. *Smeltzer, D. H.*
 Hudnut, O. D. *Thomas, Arthur W.*
 Jones, M. P. *Thomas, E. R.*
 King, Jonas E. *Turner, W. B.*
 Love, William P. *Washburn, J. L.*
 Mariner, James S. *Wilson, B. W.*
 Marowitz, Max *Wolferth, C. C.*

MARION COUNTY

Marion

Hoskins, Jacob M. *Sawyer, Carl W.*
 Mattox, S. W. *Smith, Clifford J.*
 Mouser, H. K. *Weiser, Walter J.*
 Hurd, B. B. *Caledonia*
 Shira, Donald *LuRue*

THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

MEDINA COUNTY
 Appleby, A. G. *Valley City*
 Beach, John L. *Seville*
 Brintnall, R. A. *Seville*
 Robinson, H. P. H. *Medina*
 Strong, Roy G. *Medina*

MEIGS COUNTY
 Bing, Byron *Pomeroy*
 Caldwell, S. C. *Alfred*
 Crary, Herman L. *Letart Falls*

MERCER COUNTY
Rockford
 Wilcox, Richard C.
 Ayers, Frank E. *Celina*
 Gibbons, John T. *Celina*
 Leiser, William A. *Ft. Recovery*
 Ransbottom, I. J. *Coldwater*
 Schirack, C. J. *Coldwater*

MIAMI COUNTY
 Haley, Michael R. *Piqua*
 Lindenberger, L. N. *Troy*
 Thomas, F. W. *Piqua*
 Warvel, J. H. *Bradford*

MONROE COUNTY
 Edwards, C. E. *Jolly*
 McVey, Edward F. *Clarrington*
 Thomson, W. E. *Antioch*

MONTGOMERY COUNTY
Dayton
 Austin, R. C.
 Baldwin, Ashton M.
 Rayless, C. O.
 Brower, A. B.
 Burnett, Harry W.
 Carlev, A. W.
 Chynoweth, W. R.
 Cline, C. L.
 Coleman, C. A.
 Courtright, L. T.
 Demon, F. E.
 Finley, R. W.
 George, J. C.
 Giffin, Guy G.
 Grove, Courtney P.
 Hewitt, Archie E.
 Kalter, G. E.
 Kelly, John E.
 Kislig, Fred K.
 Kline, Walter J.
 Koppe, Harold F.
 Lawson, J. K.
 Dickinson, T. H.
 Hunt, Charles T.
 Travis, John L.
 Leatherman, C. A.
 Lyons, Clinton G.
 Mansur, William B.
 Mashburn, N. C.
 McCally, Albert W.
 McClellan, H. H.
 McKemy, J. W.
 Prugh, M. D.
 Payne, F. C.
 Roop, Wm. O.
 Rounds, Frederick C.
 Roush, Franklin W.
 Salisbury, Frank L.
 Springer, H. A.
 Stutsman, I. E.
 Sullivan, G. C.
 Vega, Jaffrey J.
 Walkup, Thomas
 Webster, H. H.
 Werner, E. R.
 Williams, H. H.
 Woodruff, Ralph L.
 Germantown
 Miamisburg
 Germantown

MORGAN COUNTY
 Hill, J. F. *McConnelville*
 Ralston, D. G. *McConnelville*

MORROW COUNTY
 Bennett, W. S. *Cardington*
 Jackson, C. S. *Edison*
 Johnson, T. P. *Mt. Gilcard*
 Leonard, E. L. *Fulton*
 Virtue, D. B. *Iberia*

MUSKINGUM COUNTY
Zanesville
 Allen, S. L.
 Brush, E. R.
 Higgins, Charles H.
 Rambo, Harry M.
 Roach, C. J.
 Sellers, C. P.
 Sutton, Thomas
 Walters, Alvin H.
 Loebell, Maurice *Sonora*
 Martin, John G. *New Concord*
 Wells, Robert E. *Nashport*

NOBLE COUNTY
 Dew, F. R. *Belle Valley*
 Kackley, Ellis D. *Caldwell*

OTTAWA COUNTY
 Ballou, Justin G. *Graytown*
 Lorenzen, M. R. *Curtice*
 Starks, C. C. *Port Clinton*
 True, John A. *Port Clinton*
 Van Epp, Owen B. *Port Clinton*

PAULDING COUNTY
 Fast, L. R. *Paulding*
 Fauster, J. U. *Paulding*
 Hyman, Clarence H. *Payne*
 Miller, John C. *Payne*
 Mouser, Ambrose H. *Latty*
 Mouser, Ray H. *Latty*

PERRY COUNTY
 Allen, Edgar D. *Crooksville*
 Bowman, J. C. *Thornville*
 Burrell, Guthrie O. *New Lexington*
 McNerney, N. H. *Corning*
 Shaw, H. W. *Junction City*
 Warren, John R. *Santoy*

PICKAWAY COUNTY
 Jackson, Harry D. *Circleville*
 Nosker, R. W. *Orient*
 Postle, Harold V. *Ashville*

PIKE COUNTY
 Seiler, I. P. *Piketown*
 Tidd, E. W. *Stockdale*

PORTAGE COUNTY
 Gatchell, W. T. *Ravenna*
 Gorham, B. E. *Kent*
 Nichols, B. H. *Ravenna*
 Pritchard, L. W. *Ravenna*

PREBLE COUNTY
 Coombs, Jerrard W. *Camden*
 Hunter, Matthew C. *Lewisberg*
 Silver, H. Z. *Eaton*
 Stewart, William T. *Morning Sun*
 Treffinger, C. M. *Eaton*

PUTNAM COUNTY
 Davis, B. P. *Ft. Jennings*
 Francis, W. J. *Kalida*
 Morris, F. *Columbus Grove*
 Owens, Otto J. *Ottawa*
 Rappaport, Benjamin *Ottawa*
 Siddall, John D. *Kalida*
 Watterson, John D. *Kalida*

RICHLAND COUNTY
Mansfield
 Findley, Samuel E.
 Mecklem, W. P.
 Remy, Edward, Jr.
 Busby, J. L. *Shelby*
 Holtz, John F. *Plymouth*
 Smith, W. A. *Shelby*
 Todd, Caris *Belleville*

ROSS COUNTY
Chillicothe
 Brown, H. R.
 Dunn, A. H.
 Hatfield, Charles C.
 Lightner, Russell E.
 Perry, Stephen W.
 Scott, V. T.
 Smith, W. B.
 Tinker, L. M.
 Holmes, R. W.
 Nisley, Glen
 Kingston
 Kingston
 Bainbridge
 Clarksburg
 Frankfort
 Frankfort

SANDUSKY COUNTY
 Baker, E. A. *Clyde*
 Deemer, W. R. *Fremont*
 Eyestone, A. G. *Gibsonburg*
 Harding, Charles L. *Bellevue*
 McKenney, Sherman *Fremont*
 Phillips, Merton O. *Fremont*
 Trumbull, H. N. *Woodville*

SCIOTO COUNTY
Portsmouth
 Dawson, Challis H.
 Keil, H. M.
 LeBaron, R. O.
 McCall, Davir H.
 Mills, Alfred B.
 Moore, A. R.
 Graf, Carl H.
 Mytinger, George S.
 Quinn, W. A.
 Rapp, Harry F.
 Rardin, J. S.
 Robe, O. W.
 Sciotoville

SENECA COUNTY
Fostoria
 Fletcher, A. J.
 Fruth, Harold E.
 Fruth, Virgil J.
 Hatfield, N. C.
 Hattery, Addison H.
 Henry, C. A., Jr.
 Gosling, J. A.
 Wenner, Henry L., Jr.
 Johnston, Cecil
 Leonard, Walter M.
 Leonard, William
 Mowry, Floyd S.
 Reycraft, Leonard

SHELBY COUNTY
 Connor, Franklin *Sidney*
 Engleth, Benjamin *Anna*
 LeMaster, Vernon *Sidney*
 Silver, Arthur *Sidney*

STARK COUNTY
Alliance
 Bernard, Benj. C.
 Hoover, C. S.
 Feingold, S. J.
 Hamilton, Claude D.
 Kramer, James G.
 Leavensworth, L. E.
 O'Brien, John D.
 Ramsey, P. M.
 Seranton, Homer G.
 Peters, Chester M.
 Sayre, F. M.
 Sweany, R. B. T.
 Todd, Joseph L.

MINERVA COUNTY
 Casey, L. E. *Minerva*
 Dougherty, J. B. *North Canton*
 Holston, J. D. *Massillon*
 South, John J. *Massillon*
 Walker, C. A. *Louisville*
 Zintsmaster, L. B. *Massillon*

THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

SUMMIT COUNTY

Akron

Amos, R. E.	McChesney, P. E.
Baremore, H. R.	McCormick, A. S.
Barton, E. W.	McDowell, O. C.
Clark, Lucien D.	Miller, G. A.
Davis, Paul A.	Musser, Harvey H.
Dixon, C. A.	Pinkerton, C. C.
Drury, Roy F.	Postle, R. S.
Fox, W. L.	Power, R. E.
Gillespie, B. H.	Rambo, E. F.
Gregg, R. A.	Reed, Chas. K.
Grim, Jesse	Reichelderfer, V. D.
Heckert, H. R.	Rogers, W. J.
Hoffman, J.	Skeels, E. T.
Hosler, R. S.	Smith, C. C.
Humphrey, L. B.	Stewart, James E.
Leeper, Clyde	Ulrich, Joseph M.
Logan, G. M.	Weber, John H.
Luce, R. V.	Wells, J. J.
Lybber, P. C.	Wharton, C. F.
Magnus, A. P.	Woodbury, Harry E.
McAdoo, S. E.	
Alspach, E. Z.	Kenmore
Caines, J. W.	Cuyahoga Falls
Courtright, J. L.	Cuyahoga Falls
Dapf, W. E.	Barberton
Gardner, G. E.	Barberton
Havre, S. J.	Kenmore
Long, P. B.	Copley
Rodenbaugh, H. A.	Barberton
Searl, William A.	Cuyahoga Falls
Smallman, H. R.	Barberton

TRUMBULL COUNTY

Warren

Ailes, M. D.	Manley, O. T.
Hoover, D. E.	Pontius, W. C.
Knappenberger, M. T.	Waller, C. E.
Hunt, Fred C.	Girard
Kennedy, S. V.	Southington
Minahan, T. A., Jr.	Hubbard
Moore, L. G., Jr.	Kinsman
Thompson, J. E.	Bristolville
Williams, C. C.	Niles

TUSCARAWAS COUNTY

Back, Henry A.	Uhrichsville
Calhoun, G. E.	Uhrichsville
Coleman, H. A.	New Philadelphia
Demuth, W. F.	Port Washington
Goudy, Rollin A.	Newcomerstown
Guthrie, Gale C.	Uhrichsville
Marquand, B. A.	Canal Dover
Shawacker, K. E.	New Philadelphia
Shawacker, Max	Canal Dover
Wilson, Roy A.	Dennison

UNION COUNTY

Boylan, J. D.	Milford Center
Calloway, F. C.	Marysville
Goff, William M.	Marysville
MacIvor, Angus	Marysville

VAN WERT COUNTY

Van Wert

Bartholme, A. C.	Leake, N. E.
Church, Charles G.	Logan, Earnest
Flemming, R. C.	Sampson, J. S.
Good, B. L.	Shear, H. E.
Lawhead, W. E.	
Hanna, Myron	Scott

Musgrave, A. C.	Ohio City
Reed, F. E.	Wren
Reeder, M. E.	Ohio City
Roller, W. C.	Wilshire

VINTON COUNTY

Haas, Thurman B.	McArthur
Henry, W. H.	Hamden
James, H. S.	McArthur

WARREN COUNTY

Krohn, C. P.	Morrow
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WASHINGTON COUNTY

Marietta

Hill, Edgar W., Jr.	Smith, Arthur H.
McMillan, Walter W.	Theiss, Harold H.
Penrose, J. B.	Williams, C. A. S.
Sauer, W. W.	
Adair, Frank	Beverly
Edwards, C. E.	New Matamoras
Gale, Larry	Newport
Sellew, Timothy	Watertown

WAYNE COUNTY

Bertolette, Harry B.	Shreve
Blankenhorn, M. A.	Orrville
Blizzard, D. M.	Orrville
Cohen, M. B.	West Salem
Deeds, Charles R.	Dalton
Foster, Thomas	Wooster
Graven, T. A.	Wooster
Ice, K. C.	Shreve
Irvin, G. H.	Orrville
Yoder, H. M.	Smithville

WILLIAMS COUNTY

Bryan

Long, James W.	Snyder, Alva E.
Solier, Franz E.	
Beard, R. W.	Pioneer
Curl, George	Edgerton
Steele, William H.	Montpelier

WOOD COUNTY

Bowling Green

Boyle, Frank V.	Rae, James W.
Gorsuch, George A.	Stove, Frank A.
Harrison, A. M.	
Barr, D. R.	Grand Rapids
Biggs, I. L.	Custer
Carr, Lewis R.	Prairie Depot
Peinert, Earl	Grand Rapids
Wetherill, J. C.	Weston
Whitacre, R. F.	Prairie Depot
Cavett, C. S.	North Baltimore

WYANDOT COUNTY

Upper Sandusky

Bowman, J. C.	Smith, Arthur N.
Griest, T. C.	Nevada
Van Buren, R. C.	Carry

DIED IN SERVICE

H. Burt Herrick	Cleveland
Odos A. Hopkins	Middlefield
George E. Hull	Mantua
George F. Owen	Columbus
Richard L. Jett	Cleveland
Milton J. Lichty	Cleveland

War Notes

—Dr. Charles G. Augustus has been granted leave of absence as assistant health director of Springfield to enter the United States Public Health Service. Dr. Augustus will be engaged in a health survey of the industrial plants in the district composed of Ohio, Indiana, Illinois and Michigan.

—Dr. W. C. Roller of Willshire, lieutenant, M. R. C., has been assigned to duty in the Detention Group, 15th Battalion, Camp Greenleaf, Chickamauga Park, Georgia.

—The Marine Corps' casualty list of July 14 contained the name of Dr. Lester L. Pratt of Bellefontaine. Dr. Pratt is the son of Dr. L. C. Pratt of Bellefontaine, and is serving on the French front with the rank of passed assistant surgeon. The elder Dr. Pratt believes the announcement of his son's injury is but the official publication of the wound which his son sustained on June 10.

—Dr. W. W. Sauer of Marietta, lieutenant, M. R. C., was recently transferred from the Medical Research Laboratory at Hazelhurst Field, Mineola, Long Island, to the laboratory at Park

Field, Memphis, Tennessee, to which he is attached as ophthalmologist.

—Dr. A. L. Jones, Lima health office, reported for duty at Camp Dix, New Jersey, July 25.

—Drs. James W. Rowe and Samuel Iglauer have been granted leaves of absence from the staff of Cincinnati General Hospital for the period of the war.

—Dr. Albert H. Herr of Lima, who was being urged as the Republican nominee for lieutenant governor prior to the August primaries, and who was very generally supported for this position, withdrew from the race in order to enter active military service. He had been commissioned in the Medical Reserve Corps and before the primaries were held departed for Fort Oglethorpe.

—Cablegrams announce the safe arrival overseas of Drs. C. H. Hamilton and James M. Lantz, both of Lancaster. Dr. Lantz is special eye surgeon with the 146th Field Hospital, and Dr. Hamilton is connected with the 147th Field Hospital, both constituents of the 37th Division.

—Dr. William Leonard, the first Fostoria physician to volunteer his services, has reported for service at Camp Snelling, Minnesota. For the past 10 years Dr. Leonard has owned and conducted the Fostoria city hospital.

—Dr. George Gill of Elyria, is stationed at the base hospital at Camp Lee, Petersburg, Virginia.

—The problem of how to amuse wounded soldiers who are unable to sit up has been solved in a simple manner by the Y. M. C. A. at the base hospitals in various camps. Portable motion picture machines are so stationed that the projections appear on the ceiling, and all the patient lying on his back need do is to look up.

—Dr. Harold C. Messenger of Xenia, lieutenant, M. R. C., has been made commander of Sanitary Unit No. 2, at Camp Greenleaf, Georgia. The unit is composed of 285 men, three lieutenants and other officers.

—Dr. J. D. Lower of Coshocton, lieutenant, M. O. R. C., reported for active service at New Haven, Connecticut, August 7. He will take a course in bacteriology at the army laboratory at Yale University before being assigned to field service.

—Nineteen days after Dr. A. D. Woodmansee of Circleville, left that city for Long Island, his wife received a cablegram announcing his safe arrival overseas.

—Dr. Stephen A. Douglass, superintendent of the State Tuberculosis Sanatorium at Mt. Vernon, has been granted leave of absence to join the Red Cross Anti-Tuberculosis Unit which recently sailed for Italy. Dr. Clyde Leeper, medical director of the social service department of The Goodyear Company, Akron, also accompanied the unit. Dr. Robert H. Bishop, Jr., of Cleveland, is assistant director.

—Dr. R. R. Hendershott of Tiffin, has been

commissioned a captain in the Medical Officers Reserve Corps.

—Dr. F. S. Van Dyke of Columbus, lieutenant, M. R. C., is on duty at the Medical Research Laboratory, Post Field, Fort Sill, Oklahoma.

—Of the total of 321 state institution employes who have entered their country's service, 26 are physicians. Four were on the staff of the Institution for the Feeble-Minded; three each went from the Athens State Hospital, the Columbus State Hospital and the Ohio Soldiers' and Sailors' Home; two each from the Ohio Hospital for Epileptics, the Toledo State Hospital, Cleveland State Hospital and the Massillon State Hospital, and one each from the Ohio Sanatorium, Longview Hospital, Lima State Hospital, the Boys' Industrial School, and the State School for the Blind. In addition, the Columbus State Hospital is represented by 10 Army nurses, graduates of the training school of that institution.

—Dr. Bennetta D. Titlow, Springfield's only woman physician, expects to leave that city September 1 to enter government service.

—Dr. W. C. Waters of Zanesville, former judge of the police court, has decided to resume the practice of medicine in order to release some younger men for active service with the colors.

—Dr. Sylvester J. Goodman of Columbus, has been promoted from the rank of captain to that of major. Dr. Goodman is on duty at Camp McClellan, Alabama.

—Members of Knox County Medical Society entertained with a farewell dinner in honor of Dr. H. W. Blair of Mt. Vernon, August 2. Dr. Blair left for active service at Fort Oglethorpe the following day.

—Dr. H. Kennon Dunham of Cincinnati, a member of the Medical Reserve Corps, is in Asheville, North Carolina, receiving treatment for bruises and a fractured leg, sustained when his automobile overturned. Dr. Dunham was stationed at U. S. Hospital No. 17, Markleton, Pennsylvania, and had received orders to report at Hospital No. 19, Azalea, North Carolina, whither he was bound when the accident occurred.

—Dr. Kent Finley of Xenia, secretary of the Green County Medical Society, has been commissioned a lieutenant in the Medical Officers Reserve Corps.

—Dr. D. C. Houser of Urbana, captain, M. O. R. C., reported for duty at Camp Dix, New Jersey, August 8. Dr. Houser's practice will be cared for during his absence by Dr. J. F. Stultz of Grant Hospital, Columbus.

—Dr. Carl D. Hoy of Columbus, entered active service July 29 at Bellevue Hospital, New York. After completing a special course in New York Dr. Hoy will report at Camp Dix, New Jersey.

—Dr. LeRoy L. Belt of Kenton, lieutenant, M. R. C., serving with Base Hospital Unit No. 17 in France, was severely injured in early July. A cablegram received by his father, Dr. W. A. Belt, on July 23, stated that he was out of danger.

—Dr. B. A. Marquand of Dover, lieutenant, M. O. R. C., has been transferred from Camp Greenleaf, Georgia, to Camp Lee, Petersburg, Virginia, where he is serving as head of the 14th Battalion, Infantry Replacement Camp. He reports that he finds the work very enjoyable.

—Dr. John D. Osmond of Cleveland, captain, M. O. R. C., is on duty at Evacuation Hospital No. 26, Fort Oglethorpe, Georgia.

—Dr. F. L. Rhodes of Toledo, lieutenant, M. R. C., has been assigned to duty at United States Army General Hospital No. 1, Williamsbridge, New York City. Dr. Rhodes had temporarily located in Michigan for intern work, but recently returned to Toledo where he enlisted.

—Dr. A. C. Musgrave of Ohio City, lieutenant, D. R. C., has been on active duty at the Camp Sherman Base Hospital since July 5.

—Dr. Walter Cary of Toledo, lieutenant, M. R. C., is stationed at the base hospital at Camp Bowie, Fort Worth, Texas.

—Dr. E. A. Murbach of Archbold, left August 15 for service in the Medical Officers' Training Corps at Fort Oglethorpe. Dr. Murbach has been councilor of the Fourth District of the State Association since Dr. Charles W. Moots resigned to enter the Navy. During his absence Dr. Murbach's office will be in charge of Dr. N. J. Gehring, a graduate of the University of Maine.

—During the absence of Dr. Charles King of Toledo, in military service, his sister, Dr. Bertha King Hobart, will have charge of his practice.

—Dr. J. L. Travis of Germantown, captain, M. R. C., is stationed at the base hospital at Fort Crook, Nebraska.

—At the request of General Pershing, 20 additional nutrition officers have gone to Europe to supervise rationing of the soldiers of the American Expeditionary Forces and to introduce methods that will further protect the food of the troops from waste, spoilage and contamination. This brings the total of such officers now on duty in France and England to 29.

—Dr. J. S. Hunter of Jackson, who volunteered his services about a year ago and received a commission, was called to duty at Fort Benjamin Harrison on July 7.

—Dr. L. R. Courtright of Dayton, reported at Bellevue Hospital, New York, July 30, for special training in surgery, preparatory to overseas service. Dr. Courtright was a member of the staff of Dayton city physicians.

—Ohio men discharged from military service because of tuberculosis, notifications of which were received by the state department of health during June, numbered 153, making a total to date of 522. Of the 153 notifications, 94 were referred to local public health nurses and the remainder were investigated by the state department nurses. One soldier was admitted to a hospital during the month, making a total to date of 14 admitted to Ohio hospitals.

—The sum of \$75,000, or its equivalent, 300,000 Swiss francs at the present rate of exchange, has been appropriated by the War Council of the American Red Cross, to be expended for the relief of sick or needy Russians in Switzerland. It is reported that there are probably 6,000 Russians in Switzerland, many of them people of education, who, before the revolution, lived there on incomes received from Russia, but who are now in need because of their inability to get help from home. Many are students and there are many women and children. At least 2,000 are utterly destitute and of these 1,000 are ill, a large proportion suffering from tuberculosis.

Exemption for Draft Officials

Medical members of local and district draft boards are exempted from the operation of the selective service, draft by a recent order of Provost Marshal General Crowder. Those who are in draft age shall be given deferred classification on the ground of necessary employment in the service of the United States, under the rule issued August 14. This will affect a number of physicians in Ohio who are under forty-five years of age. So far as the initial ruling is concerned, it does not apply to members of medical advisory boards, but it is presumed that it will be extended later to include the same.

Orders to Ohio Physicians in Service

To Azalea, North Carolina—Captain H. K. Dunham, Cincinnati.

To Baltimore, Maryland, (Johns Hopkins University)—Captain R. D. Bell, Cleveland.

To Camp A. A. Humphreys, Accotink, Virginia—Lieutenant A. W. Balsley, Findlay; Captain S. E. McAdoo, Akron.

To Camp Abram Eustis, Lee Hall, Virginia—Lieutenants E. F. Rambo, Akron; Frederick Swing, Harrison; O. H. Henninger, Ironton; R. T. Saunders, Sandusky. Captain J. N. Wychgel, Cleveland.

To Camp Beauregard, Alexandria, Louisiana—Lieutenants E. C. Robbins, Cincinnati; L. R. Gale, Newport.

To Camp Bowie, Fort Worth, Texas—Lieutenants Walter Cary, Toledo; C. D. Todd, McComb.

To Camp Cody, Deming, New Mexico—Major Allen W. Freeman, Columbus.

To Camp Colt, Gettysburg, Pennsylvania—Lieutenant F. E. Reed, Wren.

To Camp Crane, Allentown, Pennsylvania—Lieutenants G. C. Guthrie, Uhrichsville; G. S. Mytinger, Portsmouth; J. E. McClelland, Cleveland. Captains A. E. Snyder, Bryan; J. T. Merwin, Athens. Major N. P. McGay, Cleveland.

To Camp Custer, Battle Creek, Michigan—Lieutenants C. T. Bahler, Walnut Creek; G. T. Meade, Columbus.

To Camp Devens, Ayer, Massachusetts—Lieutenants E. C. Steinharter, Cincinnati; A. B. Brower, Dayton. Captain J. M. Day, Waynesfield.

To Camp Dix, Wrightstown, New Jersey—Lieutenants M. E. Wilson, Cincinnati; Harold Feil, Cleveland; A. B. Wilkie, Oxford. Captain A. L. Jones, Lima; D. C. Houser, Urbana.

To Camp Dodge, Des Moines, Iowa—Lieutenants G. W. Manning, Kellys Island; J. A. Grafft, Hamilton. Captain Joseph S. Rardin, Portsmouth.

To Camp Forrest, Chickamauga Park, Georgia—Captain H. N. Ervin, Dayton.

To Camp Gordon, Atlanta, Georgia—Lieutenants G. E. Flinn, Amesville; G. M. Krieger, Cincinnati. Captains Z. F. Atwell, Amsterdam; E. T. Knoop, Cincinnati.

To Camp Grant, Rockford, Illinois—Lieutenant E. H. McDonald, Bloomingburg. Captain L. C. Grosh, Toledo.

To Camp Hancock, Augusta, Georgia—Lieutenant Howard Benus, Cincinnati.

To Camp Joseph E. Johnston, Jacksonville, Florida—Lieutenant C. C. Patton, Ashland.

To Camp Jackson, Columbia, South Carolina—Lieutenant C. A. Leatherman, Dayton. Captain G. L. Chapman, Toledo.

To Camp Kearney, California—Lieutenant Henry Snow, Jr., Norwood.

To Camp Lee, Petersburg, Virginia—Lieutenants R. C. Ash, Ashland; G. B. Topmoeller, Clifton; F. C. Payne, F. L. Salisbury, Dayton; B. A. Marquand, Dover.

To Camp Logan, Houston, Texas—Captain E. C. Ludwig, Columbus.

To Camp MacArthur, Waco, Texas—Lieutenants O. J. Owens, Ottawa; Charles Faber, Toledo.

To Camp McClellan, Annistown, Alabama—Lieutenants Denevin Sandoe, Columbus; G. A. Haveman, New Bremen; A. H. Potter, Springfield. Captains S. J. Goodman, Columbus; F. W. Hitchings, Cleveland.

To Camp Meade, Admiral Maryland—Lieutenants M. Mahrer, J. C. Monnier, Cleveland; C. B. Terwillegar, Milford; W. Deerhake, St. Marys.

To Camp Pike, Little Rock, Arkansas—Lieutenants G. E. Reeve, Cleveland; F. E. Solier, Bryan; F. B. Gregg, Wellington. Captains D. B. Virtue, Iberia; L. B. Humphrey, Akron; J. A. McGrew, New Athens.

To Camp Sevier, Greenville, South Carolina—Captain W. M. Ayres, Cincinnati; Major C. H. MacFarland, Cleveland.

To Camp Shelby, Hattiesburg, Mississippi—Lieutenant C. W. Sawyer, Marion.

To Camp Sheridan, Alabama—Lieutenant J. J. Jennie, Cincinnati; Captain L. C. Cosgrove, Swanton.

To Camp Sherman, Ohio—Lieutenant W. H. Steele, Montpelier; Captain R. G. Noble, Columbus.

To Camp Upton, New York—Lieutenants A. E. Drack, Cleveland; J. S. Couden, Morrow. Captain C. E. Tenney, Toledo.

To Camp Wadsworth, Spartansburg, South Carolina—Lieutenants B. A. Miller, Amherst; W. J. Graf, H. B. Raman, Cincinnati; G. O. Hoskins, Columbus; J. C. McClester, Harrisville; T. S. Keyser, Springfield; B. L. Good, Van Wert. Captains L. H. McAllister, Highland; W. T. Gatchell, Ravenna.

To Camp Wheeler, Macon Georgia—Lieutenant J. J. Vega, National Military Home. Captain F. S. Gibson, Cleveland.

To Fort McPherson, Georgia—Major Fred Fletcher, Columbus.

To Fort Oglethorpe, Georgia—Lieutenants E. B. Taylor, Arcadia; R. B. Crawford, Ashland; C. A. Lingenfelter, Bucyrus; C. R. Johnson, Cambridge; C. H. Cable, S. J. Feingold, Canton; J. S. Podesta, Dennis Rupp, Cincinnati; E. C. Konrad, Max Mahrer, W. P. Lowry, P. M. Spurney, H. D. Prichard, D. L. Reese, Cleveland; William Miller, D. P. Phillips, Jr., J. L. Busby, W. E. Duffee, J. H. Vorhes, Columbus; E. R. Werner, M. D. Prugh, Dayton; B. A. Marquand, Dover; C. M. Treffinger, Eaton; H. W. Reck, Gettysburg; J. C. McLester, M. H. Scott, Harrison; L. A. Hays, Johnston; E. C. Yingling, Lima; H. S. James, McArthur; J. F. Hill, McConnellsville; E. L. Hooper, Memphis; E. H. Hayman, Murray City; J. A. Sipher, Norwalk; P. G. Smith, Oxford; R. W. Nosker, Orient; F. W. Dixon, Petersburg; S. V. Kennedy, Phalanx Station; I. P. Seiler, Piketon; G. E. Micklewaite, Portsmouth; W. F. Demuth, Port Washington; R. P. Whitacre, Prairie Depot; S. E. Eagon, Salesville; H. Greafe, Sandusky; H. H. Yoder, Smithville; J. H. Poulton, J. H. Rhinehart, J. H. Riley, Springfield; W. A. Noble, St. Marys; J. F. Hamsher, St. Paris; C. R. King, J. J. Sweeney, R. B. Bowen, R. B. Curl, E. H. May, A. J. Richie, J. M. Wright, W. H. Strathmann, Toledo; H. H. Williams, Uhrichsville; U. Z. Junkermann, Westerville; F. E. Halls, J. K. Hamilton, N. N. Meyer, Youngstown; Captains C. A. Dixon, Akron; E. A. Murbach, Archbold; J. Fridlie, Ashland; H. R. Dewey, Bellevue; A. H. Stall, Barborton; E. S. Johnson, L. M. Cushner, F. U. Swing, Cincinnati; J. D. Osmond, W. C. Crouch, F. S. Gibson, A. E. Ibershoff, H. G. Sloan, C. B. Thomas, Cleveland; A. M. Steinfeld, Columbus; Frank Morris, Columbus Grove; J. R. Tillotson, Delphos; G. W. Burner, Dennison; E. L. Leonard, Fulton; H. J. Herrick, Hudson; C. G. Axline, Lancaster; A. H. Herr, Lima; H. W. Blair, Mt. Vernon; R. W. Reed, Middletown; B. H. Nichols, Ravenna; H. M. Flower, Toledo; R. A. Brintnall, Seville. Major S. P. Kramer, Cincinnati.

To Fort Riley, Kansas—Lieutenants F. J. McDonald, Leadville; F. P. Geraci, Cleveland. Major A. W. Freeman, Columbus.

To Fort Sam Houston, Texas—Major F. E. Bunts, Cleveland.

To Fort Sill, Oklahoma—Lieutenant F. S. Van Dyke, Columbus; Captain Samuel Iglauer, Cincinnati.

To Garden City, Long Island, New York—Lieutenant F. E. Hall, Springfield.

To Hoboken, New Jersey—Captain A. E. Snyder, Bryan.

To Hot Springs, North Carolina—Captain H. P. H. Robinson, Medina.

To Memphis, Tennessee—Lieutenant W. W. Sauer, Marietta.

To Metuchen, New Jersey—Lieutenant J. E. Talbot, Alger.

To Mineola, Long Island, Hazelhurst Field—Captain P. B. Cobb, Cleveland.

To New Haven, Connecticut—Lieutenants A. J. Fox, Cincinnati; W. F. Bay, R. H. Markwith, Columbus; J. D. Lower, Coshocton; D. J. Slosser, Ridgeville Corners; V. B. Halbert, Sylvania. Captains A. Faller, Cincinnati; H. R. Wahl, Cleveland.

To Newport News, Virginia—Lieutenants D. L. Rees, Cleveland; H. W. Reek, Gettysburg.

To New York City—(Bellevue Hospital) Lieutenant L. E. Courtright, Dayton; Captain C. DeC. Hoy, Columbus. (Rockefeller Institute) Lieutenants S. H. Miller, Columbus; T. W. Wenning, Cincinnati. Captains J. W. Rowe, R. W. Runyan, Cincinnati; W. C. Gates, Bucyrus. (Neurological Institute) Captain P. J. Bidwell, Toledo.

To Rochester, Minnesota—(Mayo Clinic) Lieutenant C. F. Wharton, Akron.

To Syracuse, New York—Captain H. B. Blakey, Columbus.

To Washington, D. C.—Lieutenant L. A. Mitchell, Newark; Captain A. C. Bachmeyer, Cincinnati.

To report by wire to the commanding general, Central Department—Lieutenants J. F. Scheib, Columbus; T. E. Walkup, Dayton; John Wolfe, Delphos; C. L. V. Bell, Fitchville; William Leonard, Fostoria; Sherman McKenney, Fremont; J. B. Kring, Galion; E. G. Husted, Greenville; J. A. Grafft, Hamilton; J. S. Hunter, Jackson; J. D. Watterson, Kalida; B. C. Pilke, Monroeville; A. A. Mackintosh, North Fairfield; J. O. Wickerham, Rockford; F. L. Newburg, Toledo; M. L. Smith, Urbana; F. B. Gregg, Wellington; O. T. Sproull, West Union. Captains L. B. Humphrey, Akron; J. A. McGrew, New Athens.

Honorably discharged because of physical disability—Lieutenants D. R. Kline, I. W. Matuska, Cleveland; J. H. Ramey, Rock Camp; J. W. Clark, Vinton.

Recommended for Commissions

One hundred and nineteen Ohio physicians were recommended for commissions in the Medical Officers' Reserve Corps by the Surgeon General during the month of July. This number surpasses by 36 the number recommended in the month of June, which was Ohio's high mark previously. We call attention to the fact that the following is not a list of those who entered service in July, but merely a notation of those to whom the government offered commissions in that month.

Edwin James Caulfield.....	Akron	1st Lt.
Charles Alfred Dixon.....	Akron	Capt.
William Edwin Kneale.....	Akron	1st Lt.
Samuel Emerson McMaster.....	Akron	Capt.
Joseph Julius Wells.....	Akron	1st Lt.
William Dennison Wise.....	Akron	Capt.
Ernest Burdett Taylor.....	Arcadia	1st Lt.
Walter John Smith.....	Arcanum	
Edwin Andrew Murbach.....	Archbold	Capt.
Russell Boyd Crawford.....	Ashland	1st Lt.
Arthur Henry Stall.....	Barberton	Capt.
Jesse Lilly Saddler.....	Bay Village	1st Lt.
Elmer Herbert McDonald.....	Bloomingsburg	"
John Henry Warvel.....	Bradford	"
Charles Ross Johnson.....	Cambridge	"
Henry Lycurgus Wells.....	Cambridge	"
William Roy Keller.....	Canal Dover	"
Audley Herbert Calhoun.....	Canton	"
Wylie McLean Ayres.....	Cincinnati	Capt.
Mark Elkanah Bowles.....	Cincinnati	1st Lt.
Samuel Earl Eagon.....	Cincinnati	"
Eliezer Israel Fogel.....	Cincinnati	"
Franz Hugo Miketta.....	Cincinnati	"
Ralph Wallace Reed.....	Cincinnati	Capt.
Parke Gillespie Smith.....	Cincinnati	1st Lt.
Jesse Feiring Williams.....	Cincinnati	"
Alfred Harold Berr.....	Cleveland	1st Lt.
Clyde Hiteshaw Cable.....	Cleveland	"
Walter Charles Crouch.....	Cleveland	Capt.
Claude Vernet Davis.....	Cleveland	1st Lt.
Robert Scott Dinsmore.....	Cleveland	"
Ralph Gilbert Follansbee.....	Cleveland	"
Hudson DeMott Fowler.....	Cleveland	"
Arnold Frothoham Furrer.....	Cleveland	Capt.
John Albert Hurt.....	Cleveland	"
Adolph Ernest Ibershoff.....	Cleveland	"
Benjamin Bruce Kimmel.....	Cleveland	"
Max Henry Klaus.....	Cleveland	"
Frank Charles Lee.....	Cleveland	"
Joseph Algyer Lytle.....	Cleveland	"
R. M. Manley.....	Cleveland	"
Michael Paul Motto.....	Cleveland	1st Lt.
Manly Harrison Shipley.....	Cleveland	"
Solomon Arthur Sohl.....	Cleveland	"
Harry Minch Tarr.....	Cleveland	Capt.
Charles Burleigh Thomas.....	Cleveland	"
Olive Wylie Thompson.....	Cleveland	"
Harley Steward Thompson.....	Cleveland	1st Lt.
George Ramson Wilkins.....	Cleveland	"
Justin Allis Garvin.....	Cleveland Hts.	"
James Leslie Busby.....	Columbus	1st Lt.
Earl Elbert Gaver.....	Columbus	Capt.
Walter Edwin Duffee.....	Columbus	1st Lt.
Lee Alfred Hays.....	Columbus	"
George William Miller.....	Columbus	"
John Howard Vorhes.....	Columbus	"
Herbert Carl Waite.....	Columbus	Capt.
Frank Morris.....	Columbus Grove	Capt.
Roscoe Roy Bond.....	Dayton	1st Lt.
Fred Walker Dixon.....	Dayton	"
William Frederick Lauterbach.....	Dayton	Capt.
George Clark Sullivan.....	Dayton	"
Howard Hamilton Webster.....	Dayton	1st Lt.
Edward Rudolph Werner.....	Dayton	"
John Duncan Wonder.....	Dayton	"
Samuel B. McGuire.....	Dover	"
Cassius Martin Treffinger.....	Eaton	"
Raymond Gustave Boehme.....	Enon	"
Charles Elmer Holzer.....	Gallipolis	"
Henry Justus Herrick.....	Hudson	Capt.
George Andrew Miller.....	Hudson	1st Lt.
Homer Bailey Von Hyning.....	Lakewood	"
John Carroll McGinnis.....	Martins Ferry	Capt.
Logan B. Zintsmaster.....	Massillon	"
Hugh Sawyer James.....	McArthur	1st Lt.
Thomas Purley Johnston.....	Mt. Gilead	"
Cassius Guy Dew.....	Nelsonville	"
Uriah Kinder Essington.....	Newark	Capt.
Orlando Perry Kimmell.....	New Madison	"
Charles Smiley Cavett.....	N. Baltimore	1st Lt.
Elmer Alvin Powell.....	N. Baltimore	"
Paul Carleton Colegrove.....	Oberlin	"
George Hoff Irvin.....	Orville	Capt.
Van Newhall Marsh.....	Painesville	"
John Adelbert Heeley.....	Parkman	1st Lt.

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While it is more generally used in the treatment of burns, it also is employed successfully in the treatment of all injuries to the skin, where, from whatever cause, an area has been denuded—or where skin is tender and inflamed—varicose ulcers, granulating wounds of the skin, etc.

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Clement Levi Jones.....	Springfield	Capt.
James Horatio Riley.....	Springfield	1st Lt.
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John Warren Norman.....	St. Paris	"
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John Anthony Gosling.....	Tiffin	"
Ralph Reid Hendershott.....	Tiffin	"
John Frederick Beerman.....	Toledo	1st Lt.
Galen Ford Bowman.....	Toledo	"
Henry Frederick Burman.....	Toledo	"
Robert Bruce Curl.....	Toledo	"
Edward Grant Hay.....	Toledo	"
Ira Ellis Hunter.....	Toledo	Capt.
Lorin Edgar Kerr.....	Toledo	1st Lt.
Frank George Kraft.....	Toledo	"
Frank John Joseph Lehmann.....	Toledo	"
Charles Louy.....	Toledo	Capt.
Earl Rodney Mellott.....	Toledo	1st Lt.
Harold James Morgan.....	Toledo	Capt.
Nicholas Joseph Seybold.....	Toledo	1st Lt.
John Stamm.....	Toledo	"
Granville Mabi Wright.....	Toledo	"
John Frances Wright.....	Toledo	"
Robert Kent Finley.....	Xenia	"
Boyer Smith Kofford.....	Youngstown	"
Guy Anthony Parillo.....	Youngstown	"

Low Death Rate Established for July

A health rate, which as far as known has never been surpassed, has been established by the American Armies both here and overseas. For the week ending July 26 the combined reports of the American Expeditionary Forces and of troops stationed in the United States show an

annual death rate for disease of 1.9 per 1,000—less than two men per 1,000 per year. The annual death rate for disease of men of military age in civil life is 6.7 per 1,000.

This new rate is based on an approximate strength of 2,500,000 men, and includes men living under abnormal conditions. The overseas record was made while American soldiers were participating in the heavy fighting in the Marne salient, when they were frequently compelled to sleep and eat under the most primitive conditions.

That this record is truly representative of the general health of the troops is shown by the combined reports, which indicate the figure of 2.8 per 1,000 as the average death rate for disease during the past two months.

An idea of the progress being made in military sanitation is gained by a comparison with the following:

During the Mexican War the annual death rate for disease was 100 per 1,000. During our Civil War the rate in 1862 was 40 per 1,000, while during 1863 the rate jumped to 60 per 1,000. The disease rate for the Spanish-American War was 25 per 1,000.

As far as available records show, the lowest figure heretofore recorded was 20 per 1,000 during the Russo-Japanese War.

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Chloretone induces profound, refreshing slumber.

It acts as a sedative to the cerebral, gastric and vomiting centers.

It does not depress the heart.

It does not disturb the digestive functions.

It produces no objectionable after-effects.

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This serologic test is the very best means of determining the presence or absence (cure) of chronic gonorrhoeal infection.

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 20 doses vaccine in 2 C. c. vials.....\$5.00

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COUNTY SOCIETIES

SECOND DISTRICT

Preble County Medical Society held a pleasant and profitable meeting in Camden on July 30, with 20 in attendance including Dr. Marvel, of Richmond, Indiana, Dr. B. C. West, of Dayton, Dr. J. E. Hunter of Greenville and a number of visitors from other counties. Dr. Marvel delivered an instructive address on "Chronic Appendicitis;" Dr. West talked on "Diagnosis of Health Lesions" and Dr. Hunter spoke on "The Tonsils." The three papers were fully discussed by the members at the conclusion of the addresses. Preceding the scientific session the society dined at the Woodbine Hotel as the guests of Dr. D. W. McQueen.—S. P. Carter, Secretary.

THIRD DISTRICT

Logan County Medical Society held its regular monthly meeting at the home of Dr. William T. Sullivan, West Mansfield, August 2. The program follows: "Tuberculosis," by J. C. Blinn, Rushsylvania; "Vaccine Therapy," by F. B. Kaylor, Bellefontaine; "Hay Fever," by W. G. Stinchcomb, Bellefontaine.

FOURTH DISTRICT

Putnam County Medical Society met for its fifteenth annual session at Kalida, August 1, as the guests of Drs. Douglass and Watterson. Dr. C. N. Smith of Toledo, was present and explained the need for medical officers in the Army and Navy and the organization of the Volunteer Medical Service Corps. Dr. H. C. Ruhl of Leipsic, read an excellent paper on "Normal Labor." Dr. Watterson was given a vote of respect for the loss of his son on the battlefield of France. After the business session the members adjourned to the home of Dr. Douglass where the feminine side of Kalida's medical service served an appetizing lunch. With the exception of two every physician in Putnam county, as well as some from Allen and Hancock counties were present.—H. A. Neiswander.

SIXTH DISTRICT

Ashland County Medical Society held its regular meeting at the mayor's office in Loudonville on July 16. There was a good attendance and the meeting was of interest throughout. The program included an interesting discussion of the Volunteer Service Corps. Those present from out of town were Drs. L. B. Ash, William McClellan, F. V. Dotterweich, O. J. Powell, G. W. Jacoby and Crawford of Ashland, and Dr. L. D. Hyatt of Perrysville.

EIGHTH DISTRICT

Muskingum County Medical Society met in the Chamber of Commerce rooms, Zanesville, July 10. A resolution was passed favoring the establishment of a joint district tuberculosis hospital by Muskingum, Fairfield, Licking, Perry and Coshocton counties, and delegates were appointed to confer with members of medical societies of the other counties interested. Following the business meeting a banquet was enjoyed, at which President L. F. Long presided.

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Help the Camp Medical Officers

The Journal has been asked by the Council of National Defense, Medical Section, to call the attention of the physicians of Ohio to the regulations that have been established by the Army sanitary authorities with a view of bringing about close co-operation between civilian physicians and camp medical officers. Transmissible diseases have been carried into many camps by drafted or enlisted men, and especially by men home on leave of absence.

As we have several camps in Ohio, and as the danger is particularly applicable to Camp Sherman, it is hoped that civilian physicians of this state will give close attention to the following regulations:

1. The physician should make an immediate report to the local health authorities who should notify (by telephone or telegraph if necessary) the Senior Medical Officer of the camp or post to which the selected man or soldier may become a menace. A duplicate notification should be made by the local authorities to the state health authorities.

2. If there be no health authority having jurisdiction, the physician should notify (by telephone or telegraph if necessary) the state health officer who should notify (by telephone or telegraph if necessary) the Senior Medical Officer of the camp

or post to which the selected man or soldier is about to go.

3. The notification should be explicit, giving name of selected man or soldier and other identification data together with his address and the nature of the disease.

4. The notification of the Senior Medical Officer of the camp or post by the local or state health authorities should be in addition to the present procedure in such case.

CHIROS CAN'T SIGN DEATH CERTIFICATES

Ohio Chiropractors and healers of similar ilk have received another blow. They cannot sign death certificates. They are not physicians in any sense of the word, and Attorney General McGhee has made the fact very clear in an official opinion rendered to Dr. John E. Monger, State Registrar Vital Statistics. Of course they have tried it, but Dr. Monger after reading the law, refused to accept the certificate and he has been officially sustained.

Pharmacology in the War

Torald Sollmann, of Western Reserve School of Medicine, in discussing this subject before the A. M. A. in Chicago recently, pointed out that the war had forced every form of human endeavor to the supreme effort to meet and defeat,

Atophan Adviser

No. 3

Atophan in Neuritis, Neuralgias, Sciatica, Migraine, Hemicrania

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IN NEURITIS, simple, multiple, specific, non-specific, alcoholic, diabetic, rheumatic, or of whatever causation, your patient first wants pain-relief and you strive to provide it safely. Turn to Atophan first, then plan curative efforts.

Sciatica, too, is a logical indication for Atophan and one in which it is constantly reported to do exceedingly well. Especially the acute exacerbations seem to yield readily to several 7½ to 15 grain doses (one, or two, tablets).

Here is an actual occurrence: A desperate Neuralgia sufferer took 150 grains of Atophan in one day. Result: prompt disappearance of pain; as for ill-effects, only passing nausea. Forty-five grains would have sufficed.

Migraine, Hemicrania, or what the patient vaguely describes as constantly recurring "headache," often has complex metabolic causes. Atophan is doubly helpful, for it stimulates excretion of toxic waste products, besides relieving pain and congestion.

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Tablets, each 7½ grains, twenty in box.

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Up-to-date Druggists have it in stock. If yours has not, please let us know.



The Oat Is Supreme

The oat yields in food value 1810 calories per pound.

Eggs yield 720 per lb.

Round Steak 890 per lb.

The oat is our best-balanced cereal. It is richest in iron.

Quaker Oats supplies nutrition at a cost of 5c per 1000 calories. Meat, eggs, fish and fowl, at the present writing, average more than eight times that cost.

The best way to save wheat, save meat and save money is to use more Quaker Oats.

It is also the way to better nutrition, as every doctor knows.

Quaker Oats

Quaker Oats is a super-grade of oat food. It is flaked from queen oats only—just the rich, plump, luscious grains. We get but ten pounds from a bushel. The result is extra flavor without any extra price.

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IN typhoid fever Borden's Malted Milk is advisable throughout the entire period of illness, as well as during convalescence.

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not only the human enemy, but also the forces of nature. He then went on to touch upon some of the parts played and to be played in the combat by pharmacology and therapeutics, and especially what our own country had done and could do. By way of illustration, attention was called to the advances which had been made in the discovery and application of antiseptics by Carrel and Dakin, both closely associated with America, and to the newer acridin dyes and the new mercury compounds introduced by Schamberg. The life saving use of magnesium, introduced by Meltzer, where the prophylactic use of tetanus antitoxin could not be insured was also mentioned. The American contributions to the use of safe anesthetics were largely responsible for the adoption of nitrous oxide. The introduction of flame and gas warfare had led to many discoveries such as the use of wax films for the treatment of burns. And in this connection it had been shown in America that there was no need for the secret complex preparations, since simple paraffin was in every way as valuable. Nothing, further, could be expected from the addition to it of antiseptics—also an American contribution. The shortage of many drugs for which we had depended upon Germany also led to several very valuable advances in therapy by making it necessary to revert to a more restricted materia medica with much profit, since it was found that many of the

new drugs could be spared with no loss and often with material gain. Thus many unnecessary products were weeded out, and needless overdrugging was cut short at a stroke. The shortsightedness of our own patent laws was also made manifest, and the emergency legislation which was made necessary should teach us to make more permanent preparation to insure against a repetition of our manifold difficulties in supplying many of our legitimate needs.

State Pamphlets on Sex Problems

Three new pamphlets have been issued as educational features of Ohio's campaign against venereal diseases by the state health department and may be had for the asking. They are entitled "Some Things a Young Man Should Know About Sex and Sex Diseases," "How Any Boy Can Develop His Health and Strength," and "Instructing Your Child in the Facts of Sex."

"The underlying theory of these pamphlets," the health department declares, "is that knowledge of the truth about sex functions and of the dangers of misconduct, carefully and gradually built up from childhood, is the surest means of developing the self-control which will protect the individual as he attains maturity."

Physicians are urged to write for a supply of these pamphlets for office distribution.

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Omaha, Nebraska, Dec. 28, 1917.

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Dr. Samuel A. Johnson, Springfield, Mo., in good health and life expectancy, fell under an axe blow from an insane patient. Death followed in a few hours.

The \$5,000 promptly paid to his widow by the P. C. A. had cost the insured \$95.00.

Dr. R. C. Knode, Scotts Bluff, Neb., while driving through a sandy stretch of road, lost control of his car, was thrown out and instantly killed.

The P. C. A. promptly paid the widow \$5,000, which had cost the doctor a total of \$26.00.

Dr. W. R. Wall, Cleveland, Ohio, was driving on an oiled boulevard when his car skidded and "turned turtle," killing the doctor instantly.

He had paid the P. C. A. a total of \$103.00, for which his widow received \$5,000.

None of these doctors had any more reason to anticipate death by accident than you have now, but doubtless the amount paid to the P. C. A. proved the wisest investment they ever made. In sixteen years the cost has never exceeded \$13.00 per year.

Write today for application blank and detailed information.

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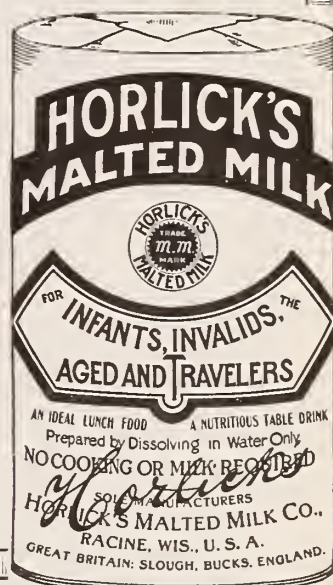
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To Keep the Bottle Fed Baby Well

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(with Sodium Chloride 2%)

For use in ordinary feeding cases.

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For use when constipation is present,
also in marasmas.

MADE FOR PHYSICIANS' USE ONLY

Trade packages contain no directions for use.

Used in either case in the same proportion by weight as any other sugar

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OHIO HOSPITAL NOTES

That a constitutional inhibition may block the proposition of the state acquiring full control of Longview Hospital, Cincinnati, either by purchase or lease, was developed at a conference of members of the State Board of Administration, Hamilton county commissioners, Judge Herman Goebel of the board of trustees of the institution, and representatives of the attorney general's office, July 23.

The constitutional point was raised by Judge Goebel among other legal phases which he urged against the proposition. It was pointed out that the law enacted in 1913, authorizing the Board of Administration to acquire control of the institution on the basis of an annual rental of not to exceed \$60,000 with the privilege of purchase at not to exceed \$1,500,000, would be obligating the state in excess of \$750,000, which is specifically prohibited by the constitution except in certain cases such as to repel invasion.

It is not expected the Board of Administration will announce a decision in the matter until it has obtained an opinion from the attorney general.

—St. Elizabeth Hospital, Dayton, announces the appointment of Drs. C. H. Tate and A. J. Moorman as visiting surgeon and assistant visiting surgeon, respectively. The rapidly increasing population of the city, with the corresponding demands for hospital service, have necessitated enlargement of the surgical staff. Dr. W. H. Delscamp has been appointed radiographer to the institution.

—The Board of Administration has adopted for the state hospitals of Ohio the system of uniform statistics devised by the American Medico-Psychological Association and beginning July 1 every case of mental disease in Ohio will be tabulated according to the new system. Maryland, Massachusetts, New York and other states, as well as the Surgeon General of the United States Army, are now employing the new plan.

—Ohio's seventh district tuberculosis hospital was provided for recently by the action of commissioners of Crawford, Hancock, Seneca and Wood counties appropriating \$100,000 jointly for the establishment of such an institution. Since their district organization was affected these counties have been invited to join with the five-county district which operates a hospital at Lima, instead of building and maintaining a separate hospital. The Lima hospital, originally erected at a cost of \$100,000, is maintained by Allen, Auglaize, Mercer, Putnam and Van Wert counties. No definite action has been taken regarding the consolidation of the two districts.

—Mansfield's new general hospital was oper-

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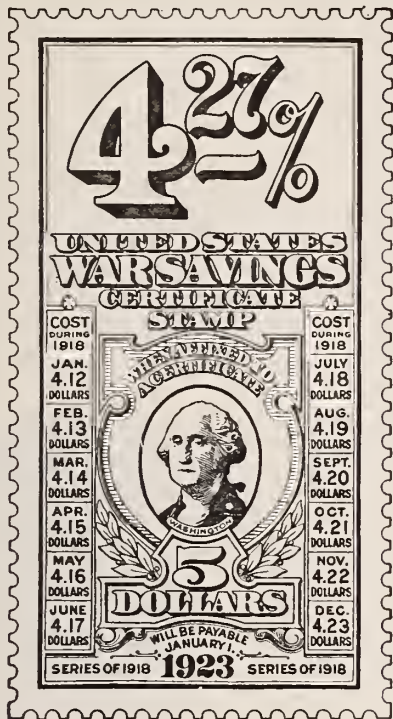
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In this book the present knowledge of pressure is condensed, the main facts readily accessible without extensive use of time.

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3X3404. Head Mirrors 3½ in. with ½ in. hole \$1.00	3X5015. Hard Rubber Ear Syringe, 2 oz., each \$.90	3X3567A. Universal Thread Hypo Needles dozen \$.40	3X1189. Goodell's Uterine Dilator \$5.00
3X2141A. Tait's Forceps, 4½ in. Haemostat, each \$.65 Dozen 7.00	3X1225. Typelo Tents, solid and hollow, doz. \$.45	3X4391. Andrew's Stone Searchers \$.75	3X3928. Simpson Collins Retractor two blades \$7.25
3X2860. Yankauers Mask, each \$1.50	3X4130. Scissors 5½ in., straight screw lock, each \$.75	3X1078. Berlin Cur-ettes, 3 in set \$1.00	3X922. Umbilical Cord Clamp, forceps and 2 doz. clamps, complete \$1.35
3X5058. Janet Frank Bladder Syringe, 50 grm., each \$2.75 100 grm., each 3.00 150 grm., each 3.75	3X1265. Black Head Extractors, 3 for \$.20	3X2960XL. Mayo Knives 3 in case \$2.50	3X4590. Moore's Mixing Spoon, each \$.20
	3X2469. Musseux Ton-sil Forceps, each \$1.50		3X3539. Dix Eye Spud and Needle, each \$.75

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ated at a profit during its first month of operation. During June 87 patients were admitted and cared for in 938 nursing days. The total income for the period was \$3,288.00, divided as follows: operations, \$535.00; private rooms, \$1,295.75; ward beds, \$1,457.25. Expenditures amounted to \$2,399.93, leaving a net balance of \$888.07.

—At a meeting of commissioners of Columbiana, Portage, Mahoning, Stark and Summit counties, joint owners of Springfield Lake Tuberculosis Sanatorium, on July 11, it was voted to reject the plan proposed by the state department of health for the operation of the hospital. The state plan called for the appropriation of \$50,000 to cover the employment of a specialist as superintendent and the enlargement of the institution's scope by the establishment of a branch hospital in each of the counties for advanced cases, dispensaries, and a system of nurses and home supervision, the Springfield Lake department to be reserved for incipient cases.

—Dr. Harry A. Schirrmann of Portsmouth, announces that architects have completed plans for the new hospital which he will build in Portsmouth during the coming year. The hospital will be of sufficient size to accommodate the growing demands of that section of the state and will be outfitted in the most modern manner.

—Accommodations at Stillwater Sanatorium,

the new district tuberculosis hospital of Montgomery and Preble counties, located north of Dayton, are inadequate to meet the needs of soldiers discharged from the war and returned to their homes afflicted with tuberculosis. Enlargement by the cottage plan has been suggested.

—The staff of 21 physicians of Aultman Hospital, Canton, recently resigned because of disagreement with the board of trustees over the employment of a superintendent.

—The report of the bureau of tuberculosis hospital admittances and discharges, state department of health, covering the month of June, shows 354 notifications were received, 182 of which were admitted patients and 172 discharged patients. The 354 notifications involved 314 individuals.

—The Elk's home in Conneaut has been offered to the government for use as a hospital for convalescent soldiers. The lodge plans to equip the spacious building with all the necessities of an institution of this character before turning it over to the government.

—At a joint meeting of the boards of commissioners of Jefferson, Belmont, Tuscarawas, Harrison and Carroll counties, July 18, a temporary organization was affected for the erection and maintenance of a joint tuberculosis hospital.

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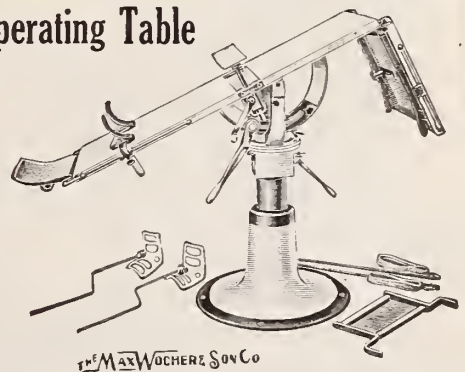
Refer to Dr. Sherman's article, Surgery, Gynecology and Obstetues, March, 1917, on The Carrel Method of Wound Sterilization.

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Baby-Saving Campaign in Ohio

June, the third month of the "Children's Year," was Ohio's banner month in the saving of babies to date. In that month 802 children under five years of age died in the state—477 less than the average monthly death total of 1,279, the year upon which quotas for baby saving are based. The saving exceeds by 101 the quota assigned as the state's monthly saving.

The total saving for April, May and June, is 664, or 100 more than half of three months' quota of 1,128. Deaths of babies in these three months were as follows: April, 1,257; May, 1,114; June, 802. In all, 65 counties saved their quotas in June, nine registered losses as compared with the average month of 1916, and 14 failed to save their quotas, but had no loss. A conspicuous case of improvement was that of Mahoning county which lost three babies in May, but saved 26, or five more than its quota, in June. Cuyahoga county exceeded its quota by 32 in June, Lucas by 13, Montgomery and Stark by nine each, and Summit by three. Franklin county exactly equaled its quota. Belmont county, with a quota of only 10, saved 24 babies.

The state health department has cautioned against over-confidence as a result of the splendid June showing, pointing out that baby deaths

in that month are normally the lowest of the year, inasmuch as pneumonia prevalence has dropped off and the summer rise in mortality due to intestinal disorder has not yet started.

Make Them Keep Their Place

Don't raise hogs in your back yard. If you and your neighbors want to "help Hoover" by producing your own pork this year, join together and rent a tract of farm land near town on which to raise your hogs.

This is the advice of the State Department of Health on the question of raising pigs in town, now being agitated in several Ohio cities. It was expressed in a letter to Strasburg, Ohio, residents who were considering such a proposition.

"The ordinary village or city lot," said this letter, "is not large enough to permit of keeping one or more hogs without the creation of a nuisance, and experience has shown that the average individual will pay little or no attention to keeping a hog pen clean."

Arrangements for systematic collection of garbage or for joint purchase of other food for the hogs were suggested to the Strasburg residents. More than 100 Strasburg families are planning to raise a hog apiece.

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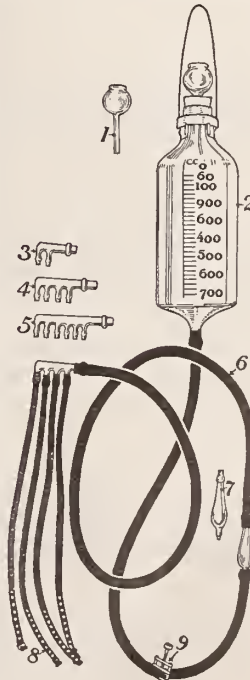
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Accident Prevention is Progressing

Organized safety work in Ohio is winning a decided victory against dangerous accidents in the industries of the state, according to Victor T. Noonan, director for the Industrial Commission of Ohio, who, for the past six months, has been conducting a personal survey as to what results have been obtained in accident reduction. Mr. Noonan's survey was carried into five hundred of the larger plants throughout the state where, for the last several years, a systematic campaign against accidents has been conducted.

The result of this survey shows that where accident prevention is a business department in a plant, assisted by workmen's safety committees which make frequent inspections of the plant for hazards, and where every accident is investigated, such business-like safety methods have brought excellent results in reducing accidents. The result in such establishments has been a decrease in accidents ranging from 12 to 75 per cent.

According to the survey 75 per cent. of all accidents in factories may be charged to the "human element," all cases under this head being listed as follows:

The large number of inexperienced help now being employed in the factories, increasing demand for tonnage and production, neglecting to use safety devices, unsafe practices, disobedience

to safety rules, ignorance of hazards due to inexperience, indifference and recklessness, neglect of employers to enforce shop safety rules, neglect to instruct new employes on safety methods of working and indifference of foremen.

Dr. John E. Monger has developed the collection of vital statistics to such a degree that other states are coming to Ohio for advice. The Census Bureau has directed the new Massachusetts state registrar to study the Ohio plan. Dr. Monger has been asked to deliver the annual address on vital statistics before the annual session of the American Public Health Association, in October.

Dr. E. J. Emerick, superintendent of the State Hospital for Imbeciles at Columbus, will shortly be able to take care of 200 additional patients. New buildings are being rushed to completion. The institution is overcrowded, and there is a waiting list in nearly every county.

Dr. Willard J. Stone of Toledo, major, M. O. R. C., in charge of the base hospital at Fort Riley, writes that an average of 1,600 to 1,700 patients are treated there daily. There are 60 physicians on his staff and there are over 2,000 patients in the hospital most of the time.

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NEWS NOTES OF OHIO

Lewisberg—A son was born recently to Lieutenant and Mrs. Matthew C. Hunter of this village. Mrs. Hunter is staying with her parents in London, Ohio, while Dr. Hunter is in France.

Marysville—Dr. Charles D. Mills of this village, president of the Tenth District Medical Society, announces the postponement of the annual meeting which was to have been held here in September. "Physicians in central Ohio are too much interested in helping win the war to hold meetings this fall," Dr. Mills explained.

Massillon—Dr. R. J. Pumphrey has succeeded Dr. Daniel S. Gardner, resigned, as medical member of the local draft board. Dr. Gardner is serving as a member of the district board with headquarters in Canton.

Kenton—Dr. W. A. Belt of this city has been elected a member of the board of trustees of the Ohio Masonic Home at Springfield. Dr. Belt is the first physician to be honored by election to the board.

Piqua—Dr. Isaac C. Kiser of Fletcher, former state senator and medical examiner for the State Industrial Commission, has moved to this city. He will occupy the offices of the late Dr. Robert M. Shannon.

West Liberty—A son was born to Dr. and Mrs. Harry L. Hale, August 5.

Mansfield—Dr. R. B. Barrett was elected president of the Ohio Electric Medical Association at the concluding session of the association's annual convention at Cedar Point, August 8. Dr. J. D. Smith of Dayton was chosen corresponding secretary and Dr. James G. Sherman of Columbus, treasurer. Next year's sessions will be held in Cincinnati on May 12, 13 and 14.

Cleveland—The Cleveland Heights board of education has announced the appointment of Dr. May Schimkola as assistant medical inspector in the four schools of that suburb.

Fremont—Citizens of this city have organized a committee to co-operate with the Sandusky County Medical Society in providing a suitable memorial to the late Dr. Martin Stamm.

Thompson—Dr. W. P. Ellis, member of the Ohio House of Representatives, is recovering from diphtheria.

Springfield—In recognition of his splendid work as expert toxicologist and government chemist, Dr. Charles L. Bliss, son of Dr. T. F. Bliss of this city, has been appointed chemist and toxicologist of the Michigan State Board of Health, with headquarters in Lansing.

Ashtabula—Dr. Shepard H. Burroughs had both bones in his right wrist broken recently when he was cranking an automobile.

Urbana—Dr. Claud C. Craig has returned

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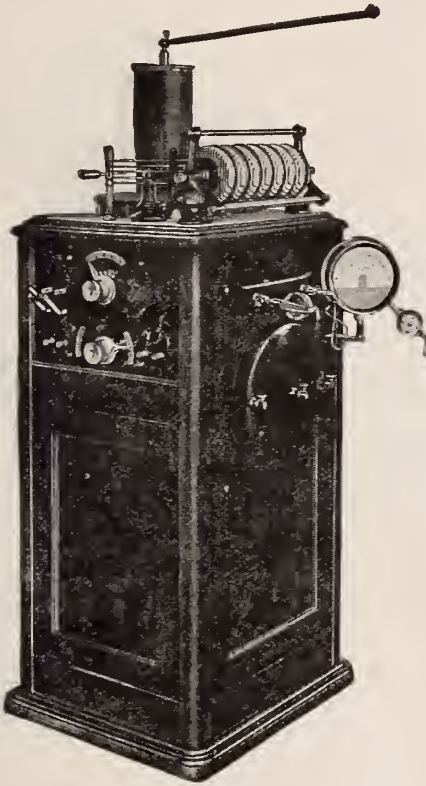
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home from Kansas, much improved in health, after an absence of nearly four months.

Akron—The first of a series of articles presenting the aims and purposes of local civic organizations, published by The Akron Times, was a history of the Summit County Medical Society written by Dr. A. S. McCormick, secretary of the organization.

Gnadenhutten—The wife of Dr. James T. Mills, of this village, died July 22.

Chagrin Falls—Dr. G. D. Cameron has moved to Cleveland where he has opened offices in the Heather Building.

Wooster—While sailing on the Gulf of St. Lawrence Dr. Horace N. Mateer of this city suffered a fractured hip joint. He is now in Johns Hopkins Hospital, where he has undergone an operation for the repair of the injury.

Salem—Dr. Arthur C. Yengling has been appointed a member of the soldiers' relief commission for a two-year term.

Bloomington—Dr. J. E. Chapman of Sinking Springs will have charge of the office of Dr. E. H. McDonald during the latter's absence in military service.

Alliance—Dr. and Mrs. Perry F. King and son motored to New York in late July.

Canton—Found guilty of performing an illegal operation, Dr. Charles C. Jones was sentenced, August 1, to serve from one to five years in the penitentiary. Motion for a new trial was overruled and the court granted a stay of execution of 30 days to permit the defendant to file an appeal.

Ashtabula—Dr. James J. Hogan was painfully injured, July 18, when he jumped from an automobile to avoid being struck by a trolley car.

Columbus—Dr. W. E. Obetz, for several years connected with the state department of health, has been appointed a medical examiner in the workmen's compensation department of the State Industrial Commission. He succeeds Dr. W. F. Bay, who resigned to accept a commission in the Medical Reserve Corps of the Army.

Anna—Dr. Delphis R. Millette has been elected a member of the Shelby County Board of Education.

Columbus—Mistaking a small bottle of carbolic acid for another containing a solution of boracic acid, Dr. Austin D. Beasley dropped some of the former acid in his right eye, August 16, and may lose the sight of the optic.

REVISED FEE BILL

The Warren County Medical Society has adopted the following revised fee schedule:

Visit in town	\$1.50
Office consultation	75c and up
Night visit	\$2.50
Obstetrical cases	\$15 and up
Country visits	50c per mile additional

Additional charges are made for detention and special services rendered.



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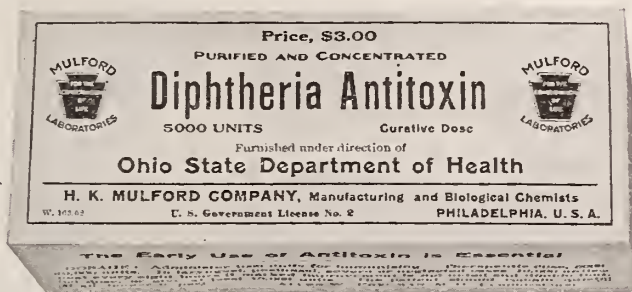
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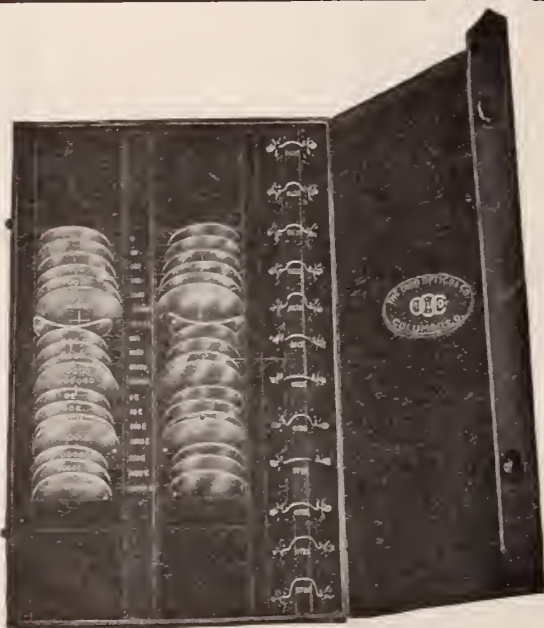
We are in position to furnish Emergency Ligatures, Plain, Chromic and Iodized, 20 inch; sizes 000 to 6. Regular Ligatures, 60 inch, will be shipped on unspecified orders.

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Editorials

The Volunteer Medical Service Corps in Ohio

We are mighty proud of the way Ohio physicians responded to the call from Washington for universal enlistment in the new corps. In response to the hurried call issued by the Medical Section of the State Council for Defense, doctors throughout Ohio promptly signed the revised application blanks that were forwarded from Washington. In a large number of counties the response was unanimous, and in all counties it was above 90 per cent.

When it is remembered that this revised plan is very different from the one first proposed, and that membership in the new corps now means the placing of one's self completely at the disposal of the government, this response is little short of marvelous.

A complete explanation of the new corps, and the methods by which the intricate plan is to be operated in Ohio, appears in another section of this issue. Read it. If it works out as intended it will mean the solution of problems that are becoming very serious here in Ohio.

The Doctor and Prohibition

Prohibition of the liquor traffic, in some form or another is rapidly approaching. Even if Ohio fails to vote itself into the prohibition column, the federal war-time measures will make us practically dry. This throws a heavy responsibility on the physician, as one of the few liquor exemptions is use for medical purposes. In other states where prohibition has become effective, a marked minority has brought the entire profession into disrepute, by boot-legging.

The doctor who stoops to this is not only a crook, but a fool. Conviction, under the increasingly sharp law enforcement that follows prohibitory legislation, is certain to be detected. Disgrace follows. It isn't worth the candle.

We hope that the State Medical Board will deal harshly with any Ohio doctor who is convicted of tampering with prohibition legislation.

In certain Canadian provinces where prohibition has been in effect since the war, the medical societies have co-operated with the officials in charge of prohibition enforcement to definitely fix the rights of the doctor in issuing liquor prescriptions. This will be done in Ohio, so that there will be no misunderstanding.

Suggests a One-Day Session

The Journal is in receipt of a note from Dr. G. E. Robbins, of Chillicothe, suggesting that if war conditions permit it might be well for the

Association to have a single day session in Columbus during the late fall or early winter.

"We all agree that it was entirely right for the State Society to give up its annual meeting this year. I think every one approves that course, but it might be possible for all of us to spare a day and to get much good out of a single day's session—particularly if the Surgeon-General or some man high in our military organization could be induced to come to Ohio and address us."

The suggestion has considerable merit. It might be well to hold the meeting in December prior to the assembling of the legislature, so that action might be taken by the whole profession on pending legislative problems. The idea will be suggested to Council at its next meeting.

Doctor John Landis

Not only Cincinnati, but the entire profession sustained a real loss when death took Dr. John H. Landis. As directing head of the Cincinnati health department, he blazed the way for other health administrators. He was one of the first to demand adequate recognition by the politicians and the laity for public health protection measures. He was a courageous fighter, and in face of unusual municipal conditions forced the political factions to keep their hands off the public health machinery. He fought disease-breeding conditions, and the men and corporations responsible for them. He was an adept in turning the light of publicity on these dark places, and in thus getting the desired results.

Doctor Landis rendered a wonderful service to his city—a city to which he was intensely loyal, and which he refused to leave to accept flattering offers from other fields.

Despite the fact that he was a fighter, he left a legion of warm friends—who will miss him greatly.

What Will the Next Legislature Do?

The session of the Legislature which opens in Columbus next January is going to be exceedingly interesting. Two years ago the quacks and the cults made a really formidable assault upon the Ohio Medical Practice Act. They were defeated by united action of the doctors, who took the lead in and organized the movement to protect the sick public. This year those doctors will not be engaged in fighting dangerous legislation. Most of them will be fighting Germans.

Since war was declared we have heard very, very little about the chiropractors, the Christian Scientists, and the rest of the pseudo leaders. They have kept discreetly silent. War, being a stern reality and not a "mental illusion," the country demanded scientific care for its fighting forces.

Of course, they will be on the legislative side lines this Winter. Here in Columbus their lobbyists even now are licking their chops in anticipation of the things they plan to do while the doctors are "off their guard."

Determining the Doctor's Rank

Little has been printed, officially or otherwise, concerning the ticklish, yet highly important problem of determining the rank of physicians who enter military service. No one seems to know just how it is done.

The results produced by the system (if any) now in effect, down in Washington, have caused some to wonder if the names are not shuffled by a blindfolded office boy. But no one seems to have a right to criticize, as no one has been able to present a plan whereby a government can accurately evaluate a man's professional ability and translate it into terms of military ranking.

Colonel Caldwell of the Surgeon General's office, in a recent letter to the Indiana committee, threw some light on the question—at least in a negative way. We quote from his communication:

"The Surgeon-General directs me to advise you that the personal and financial obligations of the applicant cannot be taken into consideration in making recommendations for rank. The age, previous military experience and professional qualifications must obtain, in order for an applicant to secure recommendation for advanced rank. If the applicant presents the necessary qualifications and administers them to the satisfaction of his superior officers after his entrance into the service, he will receive increased rank, and, of course, increased pay. The Surgeon-General consistently follows the recommendation of the Advisory Board which has adopted a certain policy in regard to recommendations which has been followed since the war began and which has caused a minimum of friction and discontent.

"In isolated cases mistakes may have been made in recommending applicants, but in every case ample opportunity is given for the correction of such errors after the applicant has accepted his commission and been assigned to active duty and shows qualifications which would justify his promotion.

"The Surgeon-General does not make any estimate of an applicant's professional or other qualifications on his entrance into service, and no estimate is indicated by the rank for which he is recommended for original commission. The Department does, however, make an estimate of a man's qualifications after he is assigned to active duty. Over 80 per cent. of the officers now holding advanced rank in the M. R. C. have received such rank by way of promotion which demonstrates very conclusively that the Surgeon-General has been conservative in the matter of

making original recommendations and has been very liberal and afforded every opportunity for the officers' promotion after he has been assigned to active duty.

"As an absolute rule, no applicant within the draft age, regardless of his qualifications, is recommended for a commission higher than first lieutenant, and only in exceptional cases is a man who has not attained the age of 35 or over recommended for a higher rank. The mere fact that a man is of mature or older years and has the responsibilities of family duties is not ground for such applicant's recommendation above the grade which his professional qualifications would warrant."

The statement by Colonel Caldwell is clear enough, so far as it goes, but we still are unenlightened as to what happened in two or three particular unique cases that recently have come to our notice.

He May Help Make Laws for the Rest of Us

Another "horrible example" of what may happen under our new primary system—particularly in our large cities where the long lists of candidates confuse the voter—has come to light in Cleveland. There, in the recent primaries, Dr. Herbert M. Edwards landed one of the Republican nominations for a seat in the State Senate. Dr. Edwards is rather well known in Cleveland. Following sensational disclosures a year or so ago he was convicted of violating the Federal Pure Food and Drug Act. He has persistently fought the case and an appeal is now pending before the Supreme Court of the United States. If he loses this appeal his case will immediately come before the State Medical Board for revocation of license. It is reported that other nominees on the Republican ticket in Cuyahoga county have signed a petition asking his withdrawal.

Narcotic Prescriptions

Ohio physicians should exercise scrupulous care in observing the state laws governing the administration of narcotics. The recent prosecution of a northern Ohio physician is indicative of the situation which might face many physicians who wish to be law abiding in this particular, but who are not thoroughly familiar with the provisions of state statutes.

Prosecution in the case referred to above was brought under Section 12,672 of the General Code which, in substance, provides that whoever furnishes morphine and other drugs therein named to anyone, except upon the original written prescription of a physician, dentist or veterinary surgeon, shall be fined, etc. The physician had complied with the federal law by gradually decreasing the dosage administered to the patient, who was an addict, but no written prescription was issued, as required by the state law. The

doctor maintained that he had a right to prescribe for a patient orally, but the court charged the jury that if they found that the morphine was furnished, except upon a written prescription, the crime was committed. This, in effect, means that no physician can sell, barter, furnish or give away, directly or indirectly, any quantity of morphine unless the same is sold, bartered, furnished or given away upon the original, written prescription by the persons named in the state statute.

The Agile Mr. Fuller

The extreme difficulties encountered in protecting the sick public from irresponsible persons who seemingly will go to any length to evade the law, is again demonstrated in a Fulton county case. Sometime ago the State Medical Board secured evidence against and caused the arrest of one Ernest O. Fuller, a product of one of the so-called chiropractic colleges. He was arrested and promptly convicted. The court suspended the jail sentence, following his promise to immediately leave the city. Fuller left. He went to Munson, Michigan, which is just across the line. We now find him advertising in the Fulton county papers as follows:

"A ruling from the Attorney General's office to the effect that I may give my services in Ohio has been received and I wish to say, for educational purposes, that I will give my services absolutely free in all acute diseases, with the understanding that the patient is to go to Munson as soon as able and finish getting well and pay me for my services in Michigan.

"Children respond to chiropractic very quickly and you will make no mistake in calling me if your baby is taken sick. While a physician is waiting for symptoms to develop, the chiropractor is getting rid of what few symptoms they have and they are well by the time the doctor has found out what to treat. All acute diseases successfully handled.

"Those suffering from old, chronic ailments get relief and a cure by my kind of chiropractic. We use nothing but our hands on the spine and our work speaks for itself. Our adjustments are not severe and we have adjusted babies only four weeks old. It's a matter of education and decision. Others get well; why not you?"

Nice, modest advertising, isn't it?

Dot Line

Ve build me a line ven der vedder gits fine,
But dose Yaaks neffer schdop at dot Hindenburg line;
Dha dravel so schwiff, on their way to dot Rhine,
Vot der Hell vill become of my be-hind-enburg line?

C. A. Strasburg, M. D., Lancaster.

Head Injuries*

Charles M. Harpster, Ph. G., M. D., F. A. C. S., Toledo, Ohio

Lt. Thomas H. Brown, M. D., M. R. C.

W. M. Elwell, M. D.,

Frank L. Klopfenstein, M. D.,

Rod. M. Campbell, M. D.

IN going over 7,500 cases of trauma to prepare a paper for the Northern Tri-State Medical Association some months ago, we found that a little less than 2½% of the cases were head injuries. Simple scalp wounds were not included in this percentage. The very nature of the trauma helps to make the average in our series. This was based on the study of the cases over a period of less than five years, and a large number of these cases were only seen once by some of us. As the result of this experience I have adopted, as the best procedure in handling these cases of fracture of the base, the rules laid down by Bunts.

"First, simple cases of fracture of the base of the skull without severe laceration of the brain practically all get well without operative interference. Second, the greatest cause of danger in these cases is from septic meningitis and operation cannot prevent this complication, but rather adds to its probability. Third, the bad cases, complicated by a bursting fracture of the skull with an extensive laceration of the brain, practically all die. Fourth, it is in this class of cases that operations such as removing spicula of bones, crushed brain, etc., are most frequently resorted to, but usually without avail. Fifth, distinct compression symptoms coming on immediately after the injury without obvious evidence of extensive brain laceration would probably be deserving of decompression operation, for they might be due to hemorrhage and be susceptible for relief or arrest. Sixth, late symptoms of compression with beginning choked disk might be due either to hemorrhage or edema, and should be subjected to immediate operation, though in the one case in which Bunts had an opportunity to follow this plan, operation and subsequent necropsy showed no clot, very slight hemorrhage, but extensive laceration of the brain, not only in the lowest frontal convolution near the site of fracture, but in the occipital region, far from the fracture the laceration of the brain was even greater than in the frontal. Seventh, there are insufficient available statistics as yet to show that decompression operations hasten the recovery after fracture of the base, or lessen subsequent liability to cerebral disturbances."

An attempt to group symptoms is submitted for your consideration.

*Read before the Academy of Medicine of Toledo and Lucas County, March, 1918.

In concussion of the brain we have incomplete insensibility, partial muscular action, special senses act partially, patient can answer questions, if aroused; pulse quick, feeble, often intermittent; skin cold; temperature falls to 94 or 95; respiration feeble and quiet; nausea and vomiting; pupils irregular and contracted, eyelids often stand open; urine voided; fecus retained. In compression of the brain we have complete insensibility; paralysis; special senses do not act; patient cannot answer questions if aroused; pulse slow (30 to 40) and laboring; skin hot and perspiring; temperature 102 to 104 degrees; pupils irregular and dilated; eyelids irregularly closed; projectile vomiting, if any is present; retention of urine and involuntary escape of fecus.

We must realize we cannot have any satisfactory classification of intracranial injuries. One thing is certain, we must not view these cases (as many surgeons do) purely from the standpoint of fracture of the skull. The X-ray has found fracture of the skull in many cases which were not diagnosed before the ray was taken. The least important condition in injuries of the cranium is the fracture of the skull itself. I have seen cases in which the patient would get up and walk away after a blow on the head from a street car, and, in some cases, they would resume their ordinary duties, then progressively or very rapidly become worse and die.

Following a rapid hemorrhage (intracranial) we again have unconsciousness (often following a period of consciousness), or, in other words, primarily unconscious, then consciousness, then unconsciousness again. This is very important to remember. Let me illustrate. A young man was on the front step of a crowded car, stuck his head out and was struck by an automobile; sent to St. Vincent's Hospital; when I arrived diagnosis had been made (fractured skull). I had a few words with the young man. He gave his name, et cetera; he then lapsed into unconsciousness, coma, symptoms of paralysis began to develop, stertorous breathing (a very important symptom—in fact the most important), dilated pupils, et cetera. I did a right temporal decompression at once. Young man recovered, well and working today.

The rapid onset of the second period of unconsciousness is a serious condition, and often speaks for a fatal termination. Where this second period of unconsciousness is especially rapid,

I find a great number of these cases die whether we do a decompression or not, but I believe a decompression is their only ray of hope, although I must admit this is often very meager.

Pressure sufficient to cause anemia of the brain cells must last ten to thirty minutes; they will not regenerate, and brain tissue lost or torn will never be replaced.

In fractures of the skull we find that the important condition is the injury to the skull contents produced by the trauma, or the circulatory disturbance. Death is not due to a fractured skull, but to the injury of the brain and to cranial contents. It is not necessary (as so many think) in injuries to the head to have a fracture of the skull, in order to cause intracranial disturbances and death. A force sufficient to fracture the skull is usually sufficient to cause intracranial injuries, however, Krause says, "All injuries of the skull, with or without an external wound, or complicated by fracture of the skull, may give rise to cerebral concussion, cerebral contusion, and cerebral compression." All these conditions may appear together to a more or less marked degree. This would be a good classification if we could tell the one positively from the other.

Often, the best we can say is that the patient has an intracranial injury, and if pressure (intracranial) is present, we have solved the problem of treatment, provided we can decide if the pressure is more than the brain can stand.

We have edema, a round cell infiltration, and an extravasation of blood. This process, as you see, is a space restricting one, or, in other words, the brain swells; and an increase in the amount of the cerebro-spinal fluid increases the internal pressure of the brain. In this way lumbar puncture is useful; also, it often determines whether we have had a subdural hemorrhage.

A cranial injury may show by its location and the neurological symptoms what treatment is necessary.

An unlocalized injury is one where we have no symptoms to guide us, nor neurological data to help us.

Also, in fracture of the base of the skull, with increased pressure, we may have an unlocalized condition. Fractures of the base usually originate in the vault in (85%) of the cases.

It must be clear to you that it is wrong to think that a decompressive craniotomy always means a right subtemporal operation. The correct decompression is an operation or combination of operations so planned that the least disturbance will be done to the brain-tissue beyond what has already occurred.

I have often been asked to state what symptoms demand a decompressive craniotomy. While it is difficult to make any definite statements, the following will sum up my views on the subject.

It is unnecessary for me to speak of these general symptoms—the choked disc, headache,

vertigo, nausea, vomiting, ataxia, convulsions, etc., these distressing evidences of increased intracranial pressure from disease or injury, which even if the radical removal of their cause is impossible, so often demand a palliative operation for their relief.

The means at our command for diminishing increased intracranial pressure, consists either in the removal of fluid by spinal or ventricular puncture (including puncture of the corpus callosum), or the making of an opening in the skull to give the brain a chance to bulge out through the opening, thus making what really amounts to an enlargement of the cranial cavity.

If the increase of intracranial pressure is due, in part, even if only secondarily, to an increase of fluid within, the ventricles, the repeated removal of the fluid by lumbar puncture may be a valuable compressive method.

I have become accustomed to group patients with fractures of the skull into the following classes, as Elsberg does:

1. "Patients with evidence of fracture of the vertex with few or no brain symptoms, no loss of consciousness, no twitching, or paralysis or convulsions. These patients need not be operated upon, but they must be carefully watched for the appearance of new symptoms. At any time during the course of a number of days after the head injury, they may develop signs of cerebral compression due to slow venous bleeding or to oedema of the brain. The pulse and respirations must be taken at short intervals, and the eye grounds carefully examined every few hours. If the symptoms show a tendency to progress and are well localized to one part of the brain, the surgeon may be in doubt whether there is increasing extradural or intradural hemorrhage.
2. "Patients with partial or complete loss of consciousness, weakness of one side of the face, marked weakness or paralysis of the upper or lower limb of the same side or of both limbs, exaggerated tendon reflexes with ankle clonus, slow pulse and respiration. These patients have either a marked depression of bone or a large extradural or intradural collection of blood, and must usually be operated upon. The operation that must be done is either removal of depressed fragments of bone, removal of extradural, extravasation of blood with ligation of a bleeding middle meningeal artery, or incision of the dura, with removal of a subdural collection of blood and treatment of lacerated brain-tissue. If none of the conditions just mentioned are present, a subtemporal decompression operation should be done.
3. "Patients with but few symptoms, but with hemorrhage from ears and nose, et cetera.
4. "Patients in whom few symptoms are present at first, but who develop after a few days signs of increased intracranial pressure—papilloe-

dema, drowsiness, respiratory disturbances and slow pulse. The symptoms are due either to slow venous hemorrhage or to oedema of contused brain tissue. If the signs point to a localization of the compression of the brain, an exploratory trephining must be done over the region, otherwise a subtemporal decompression is indicated.

5. "Patients with the signs of fracture of the base, as soon as any symptoms of increased intracranial pressure appear, a subtemporal decompression should be performed."

Through the subtemporal opening it is often possible to wash away considerable blood-clots from the base by means of an irrigation with saline solution. For this purpose the irrigating tip is gently pushed underneath the temporal lobe and the stream of solution allowed to flow slowly.

IMMEDIATE AND REMOTE RESULTS OF FRACTURE OF THE SKULL

Fractures of the vault, operated on or not operated on, very frequently leave the patient for years in a depressed mental condition and quite often the patients are useless for the work they have formerly done. They have lost their former energy, complain of a number of functional disturbances, and in short suffer from post-traumatic neuroses.

Conservation, therefore, is indicated in fracture of the skull, and there must be definite signs of brain lesion or symptoms of increasing intracranial pressure, before surgical interference is justified.

Unfortunately it is still the custom to delay operative interference until the papilloedema is a very marked one, often until a marked deterioration of vision has occurred.

Fractures of the skull form about 5% of the fractures admitted into many hospitals.

The chief importance of a fracture of the skull arises from the injury caused to the brain and to other cranial contents (nerves and blood vessels). A consideration of some of the effects of fracture of the cranial bones will therefore have to deal with the symptoms due to the brain or nerve disturbance, and in order to understand the symptoms, a good knowledge of the mechanics of the skull is necessary.

A thorough understanding of the mechanism of fracture is important for the recognition of the extent of the break in the individual case and, therefore, for the correct treatment. When either a simple fissure, a comminution of fragments, or a depression of bone occurs at or near the point of impact on the skull, there is more apt to be a localized injury to the brain; while if the fracture lies at some distance from the point of impact, the entire brain is apt to be contused with multiple hemorrhages in the substance and on the surface of the brain. Of course, combination of the two does often occur.

When the fracture of the base is due to a direct

impact, as after a fall on the feet or a violence to the top of the head transmitted to the base, the injury to the brain is apt to be very severe, and a fatal outcome not much delayed. Bursting fracture extending into the base of the skull is less often attended with extensive brain lesions, and recovery from this variety of fracture is not so very infrequent. Intracranial nerve lesions are fairly often met with in both varieties of cases.

Some surgeons incline to the view that all fractures of the skull should be operated upon: that an exploratory incision will do no harm; that a positive diagnosis can be made only by that means; that post-traumatic epilepsy is less frequent when fractured bone—even if there is no depression—is removed.

It has been my experience that the immediate and remote results of conservative treatment are very satisfactory, and I can see very little reason why a fracture of the skull without dislocation of the fragments and with few, if any, brain symptoms should be operated upon.

The indications for operative interference in fracture of the skull should be based upon the diagnosis of the condition present in the individual case and upon the question whether there is a stationary or an advancing lesion. The fact that the patient is drowsy or in a stupor is not of itself an indication for an operation, for an individual with a so-called cerebral concussion without bony fracture or gross injury to the brain may remain in a stuporous condition for many hours; it is a different matter if the stupor becomes deeper and more evidence of increased intracranial pressure appears.

Congestion of the retinal veins and slight pinkish color of the discs occur with great frequency after simple fissured fractures of the skull, but if frequently made ophthalmoscopic examinations reveal increased changes in the fundi, we may be certain that the intracranial lesion is advancing.

That an individual has a weakness or paralysis of one or more limbs immediately after having sustained an injury to the head, does not mean that operation is indicated, for the operation will often fail to show a lesion that can be remedied by the surgeon. On the other hand, the progression of the symptoms, weakness increasing up to complete paralysis, twitchings increased up to convulsions, is an evidence of an advancing process in the cranial cavity.

Nor is it necessary or advisable to operate upon every patient who presents symptoms of fracture of the base of the skull. If there are no evidences of greatly increased intracranial tension, operation can be safely delayed.

Basilar fractures are much more serious than vault fractures, as great trauma is necessary to cause them, and more cerebral disturbances are produced; also, the vital centers are attacked,

and I have lost numbers of cases from unpreventable sepsis through the nose, mouth and ears.

Fractures of the base, involving the petrous bone, are followed by hemorrhage from the ears, nostrils, and mouth. These hemorrhages are always looked upon as fairly accurate diagnostic signs. Some of these cases die the first few hours after injury.

Ligation of external carotid artery in hemorrhage from the middle meningeal artery is said to be good surgery.

The advantage of sub-temporal decompression is so evident I will not waste your time in going over same again. The skull is a closed box, and the brain cannot expand under pressure, and we have anemia of the vital centers and then death.

Decompression gives relief from the pressure and the drainage of the cerebral-spinal fluid and extravasated blood. It should not be used in all cases, as in cases of basal fracture with free discharge of blood, etc., from ears, nostrils, and mouth; operation per se is not indicated.

The most vital point is this—the decompression should be done soon after the injury, as the earlier it is done the better the prognosis, if this procedure is deemed necessary.

In conclusion, I wish to say that in many lacerations of the scalp, we have what is frequently diagnosed, by parties interested, "*A Fractured Skull.*" In order to best illustrate what I mean, I will cite a case. I will say that these cases of supposed fracture, are not included in our percentages, as cases of skull injury. We see many cases said to be depressed fractured skulls, without any real clinical symptoms. This diagnosis is made on subjective symptoms, and on finding a natural skull depression.

These findings are very often bolstered up by X-ray plates, taken at angles to best show an apparent fracture. In my limited experience in head injuries, where we have a depressed fracture of the skull of any consequence to deal with, we usually have a patient profoundly injured, and clinical symptoms sufficient to guide us, if same are honestly looked for and understood.

I saw a case, where a man was struck by car and diagnosis of fractured skull and operation started (trephine), who had no clinical symptoms whatever.

Mrs. W. struck by a car in April, 1917. She had a scalp wound $1\frac{1}{2}$ inches long on the posterior part of the right side of the head. Dr. Brown, one of my associates, a very careful and conscientious worker, made a very careful examination of the skull, through the wound, and could find no depression or evidence of skull fracture present. I examined the lady the following day, and no clinical symptoms were present of any moment. The second day following she was removed from the hospital by her friends and attorney, and her physician at once found a "large depression of the skull." She had three X-ray plates taken and the fracture was demon-

strated by these plates to the satisfaction of all parties concerned, and a trephine operation advised to be performed at once.

I do not know for what reason, but an adjustment of her claim was asked for, and her case was again referred to me for my opinion.

On an examination of three plates, I decided that a fracture was not present; only two plates showed what might be construed as a fracture, if your imagination was strong enough, and the third plate did not show anything—not even a suspicious point.

I advised that an operation was not warranted, in view of the uncertainty of the X-ray plates, and the lack of any real symptoms. Also, these plates were taken at cross fire, and the supposed point or fracture was at different places in each of the two plates that showed the supposed fracture. I also advised that more plates be taken.

Taking advantage of this advise, her physicians and attorneys had more plates taken by another X-ray operator here, and also an X-ray operator in Cleveland, and these plates I understand were negative. Her claim was adjusted and her skull has not been trephined yet, as far as I can learn. We all make serious mistakes. I learn most by my serious blunders.

301-315 Wedgewood Bldg.

PROPAGANDA FOR REFORM

Chlorine Soda Ampules—The A. M. A. Chemical Laboratory reports that the Chlorine Soda Ampules of Johnson and Johnson yield a solution containing the claimed amount of available chlorine if precautions are taken to prevent loss of chlorine when the solution is prepared. On the basis of the report, the Council on Pharmacy and Chemistry accepted the Chlorine Soda Ampules for New and Non-official Remedies (Jour. A. M. A., July 6, 1917, p. 39).

Proteal Therapy—Henry Smith Williams, who expounds the use of his "Proteals" for the treatment of cancer, tuberculosis and many other diseases, is better known in the journalistic world than in the field of scientific medicine. A few years ago, Dr. Williams appeared interested in the Autolysin treatment of cancer which at that time was being exploited. The present "Proteal" treatment appears to be a modification of the "Autolysin" treatment. Dr. Williams, in attempting to justify the use of his "Proteals" in tuberculosis, cancer, rheumatism, etc., takes advantage of certain investigations bearing on the non-specific reactions resulting from the parenteral injection of foreign proteins (Jour. A. M. A., July 6, 1918, p. 58).

Doan's Kidney Pills—A testimonial for Doan's Kidney Pills by Mr. Ford appeared in the Kankakee Daily Republican, nearly three months after he was dead and buried. The advertisement containing the testimonial said: "Follow Kankakee people's example, use Doan's Kidney Pills." (Jour. A. M. A., July 13, 1918, p. 140.)

Institutional Supervision*

A. F. Shepherd, M. D., Dayton, Ohio

THE most serious problem confronting any state is the care of its dependents. Many institutions are required for this purpose and they are of quite diverse character. The best form of supervision for these institutions has never been agreed upon. Some states have the separate boards of trustees, others pin their faith on a more or less centralized form of control, and each system has its partisans.

Having had experience with both plans and having come to some conclusions regarding their respective merits, I am taking the liberty of presenting the subject very briefly and in a friendly spirit to this society.

What advantage has a central board over the former separate boards? Just one and it is this—when honestly administered and kept free from political influence it can provide the material requirements of the institutions at low cost. Whether this means true economy is quite another question. It certainly does not if the reduction in cost is secured by furnishing supplies of lower quality than formerly used, or if the increased cost of doing business overbalances the apparent saving. Friends of central boards talk a great deal about the advantages of quantity buying and lay great stress on the alleged fact that much money can be saved by this means. I am of the opinion that any institution having 500 or more inmates can secure as low prices as a central board. It is a difficult matter to make a just comparison of values when prices alone are given and qualities omitted. I have no desire to detract from the credit due any central board. My only desire is to bring out the facts. Admitting for the sake of argument that a central board of this sort saves the state more money, are there any disadvantages that might weigh against it? In my humble opinion there are several.

In order to keep a right perspective on this matter we must always bear in mind that the primary object of an institution is the care of the inmates. Right here comes the chief weakness of a single board managing a large number of institutions whose intricate problems bear no special relation to one another. These problems are professional and technical and it requires a life time for an individual to master any single one of them. Would it be surprising then if a central board inexperienced in such matters and far removed from institutional activities failed to recognize their significance? Even presuming that the board did come to appreciate in some degree the meaning and the magnitude of a dozen or more of these important problems, do you not think they would inspire terror rather than enthusiasm? Every business

or profession must be learned by long years of study and training—by coming up through the ranks. Public business unfortunately appears to be the only exception to this rule. I am stating these things in excuse of a central board that it may not be censured if it seems to overlook the chief purposes for which the institutions were created. It is no wonder that the business side of the work which is spectacular and easily understood assumes so much prominence and that the professional side fades farther and farther into the background.

I am trying to emphasize the point that the peril in a centralized form of management lies in the inevitable drift towards commercialism—the tendency to make the care of the sick and dependent a trade rather than a profession—a business without a soul. What a pity it is that scientific and humanitarian problems so often come out second best in a contest with the almighty dollar. Some present tendencies would lead one to think that the institutions were established for the sole purpose of saving money. It is regrettable and at times discouraging to find that many persons are so prone to view this subject from a financial rather than a human angle—to mistake the shell for the substance—to become so hopelessly engrossed in such subjects as pigs, potatoes and per capita cost that the inmates are lost sight of. This is not a plea for reckless and extravagant management. I realize perfectly well that the public has a right to expect and to demand that the institutions be managed with reasonable economy, but I protest against the policy of sacrificing the more important things to the saving of dollars. It bodes ill for the service when the superintendent of an institution becomes so burdened with routine business detail that the time he should devote to the welfare of the inmates must be curtailed. He is thus in imminent danger of having his ideals destroyed and perishing with the dry rot. Modern efficiency is a wonderful thing but many a promising enterprise has been wrecked by too much of it. It may be and probably is a good thing when applied to a factory full of machines, but an institution is not a factory but an asylum filled with human beings. The higher qualities of mind and heart required in the management of an institution have nothing in common with the driving methods of present-day commercial life. Let me say to you that an institution without ideals, without professional enthusiasm, without the incentive for research, where every one is obsessed with the idea that saving money is the first consideration, such an institution no matter how fair to look upon, has become merely a place of detention—a whited sepulcher. Is it possible that any of our own institutions are near this paganish level?

So much for the central board plan. Now let

*Read before Section on Nervous and Mental Diseases, Ohio State Medical Association, in annual session at Springfield, May 15, 1917.

us, for a moment, examine the old trustee system. It had its faults to be sure, but taken all in all I believe it was the best scheme that has yet been devised for supervision of the institutions. Under it most institutions were managed about as economically as under the central plan and certainly with more satisfaction. Then the affairs of the institution were simpler and the time of the superintendent was not so taken up with clerical work. He had more time to devote to the inmates—to their care, comfort, improvement and cure, reformation or education, as the case might be. There was a condition of professional enthusiasm that seems to be missing in these days of so much business efficiency. The members of the local board having their attention directed to the problems of only one institution, did come to feel the spirit of the work. They knew many of the inmates personally and were anxious to learn what was being done for them. Their advice was helpful and

their enthusiasm contagious—in fact their mere presence in the institution once a month acted as a stimulus and did much to keep officers and employees out of the rut. They not only served a valuable purpose in acting as a buffer between the institution and its critics, but established much favorable opinion in their home communities by acquainting their friends and neighbors with the work being done in the institution—always from the human rather than the financial side. Whatever may be said of the shortcomings of the old boards of trustees, it cannot be denied that they rendered faithful and sympathetic service and always kept the welfare of the inmates uppermost in mind. Surely something has gone out of institution life since they departed.

Have we deceived ourselves into believing that because a thing is new it necessarily represents progress? Have we forgotten that it is possible to have material success with moral failure?

Consideration of the Etiology and Treatment of Pernicious Anemia*

George L. Lambright, M. D., Cleveland, Ohio

OUR knowledge concerning pernicious anemia has been considerably broadened in recent years due to the wide resort to splenectomies, blood transfusions and closer study of focal infections; indeed so much so that I have difficulty in selecting a topic for discussion.

It is noteworthy to observe the trend of our ideas regarding the different types of anemia. A classification between so-called primary and secondary anemia has long been current, the former being regarded as true disease of the blood and the latter as a more or less symptomatic manifestation of other conditions having a well understood nature. This distinction is not tenable any longer as the blood is not an organ but rather a product of various hematopoietic organs; therefore we cannot consider the blood as the seat of primary disease. A proper classification at this time would be to divide them into two groups, and in the first class place those types in which deficient production exists, while in the latter, destructive processes predominate. As a result of such a division the cachexias, anemias due to wasting diseases, toxic anemias and that distinct form of aplastic anemia should be classed with the former. In the latter should be classed the anemias due to loss of blood through acute or chronic hemorrhage, the class of hemolytic anemias. Lastly should be placed those of a less understood nature as a result of the toxins from intestinal parasites, malarial organisms and those sometimes produced in pregnancy, syphilis and carcinoma. Accordingly, pernicious anemia falls into the class of anemias with a pathological picture of increased blood destruction and an ab-

normal demand made on the hematopoietic organs. In an attempt to meet the demand, cells of an embryonic type are supplied and for a while an effort was made to form a classification on this basis.

Granted that it is a haemolytic anemia, the question of the haemolysin still remains unsolved. In some cases it seems to be known, as for example the toxins resulting from the degeneration of segments of the tape worm which is supposed to liberate cholesteryl oleate. In anemia of pregnancy toxin is supposed to be liberated from the placental tissue. Numerous investigators have produced anemia by injection of phenylhydrazin. Others have proclaimed the extraction of haemolytic agents from the mucosa of the gastro-intestinal tract and the spleen. This work is not conclusive, however, as the same haemolytic extracts have been extracted from the mucosa of persons not suffering with pernicious anemia. Cederburg is of the opinion that there are manifestations of an anaphylactic reaction from the absorption of foreign proteins through the gastro-intestinal tract, and takes as a basis for this theory the changes that are found in the blood of animals dying from anaphylactic shock. He presupposes that in the adults there are changes in the intestinal mucosa which permits incompletely broken down proteids to seep through into the blood stream. A curious fact is known in this connection that there is an increased amount of iron present in the liver and not in other organs in pernicious anemia. This might make it appear that toxins may be carried through the portal circulation to account for such an increase in view of the fact that the spleen shows no such in-

*Read before the Northwestern Ohio District Medical Association, October 17, 1917.

crease as might be expected from a haemolysin acting throughout the general circulation.

Interesting reports of improvements and possibly cures are being presented following the removal of focal infection. Percy has found a predominance of gall bladder infections in his cases and claims 58% are well in the course of two years following the removal of focal infections and splenectomy with blood transfusions. That the spleen plays an important role in this disease is no longer to be doubted and surgeons have long noted its enlargement and action as a filter for degenerated blood cells. There still remain factors outside of the spleen to explain the cause. Splenectomy has the effect of reducing the fatty acids of the blood which are haemolytic and increasing the total fats and cholesterol of the blood which are antihaemolytic. More work is needed along this line to clear up the situation.

It would not be surprising to discover that a spirochaete was producing the trouble. The reasons for this are the chronicity, periodical remission, action of arsenic on the course of the disease, enlarged spleen and pathological changes in the spinal cord. The spirochaeta pallida acts similarly in the course of syphilis.

Of some significance in the study of the etiology is the fact that it is steadily increasing in frequency both abroad and in this country. This may be explained, however, by the fact that our diagnostic ability is increasing.

Without considering rest, food, sunshine, fresh air and general hygienic measures which should be a part of all the treatment time will be spent in considering only the three main phases, viz.: focal infections, transfusions with splenectomies and arsenotherapy. The findings of so many focal infections associated in this condition must not pass unnoticed and among the most numerous are those of the gall-bladder, appendix, teeth and tonsils. It is most gratifying to note the rapid improvement, with no other measures, that some of the anemias make after removal of such points. It is policy to place every organ in the best possible working condition and keep all toxins out of the circulating fluids. This principle of treatment if not curative will enable the patient to receive a much more thorough and lasting benefit from other methods.

The widespread use of transfusions and splenectomies has been warranted but a consideration of its results is at present confused by fallacies and insufficient data. No claims can be made for cures and the evidence of lessened remissions following its employment is confusing. There seems to be conclusive evidence, however, that transfusions alone or combined with splenectomies produces a prompt clinical improvement, an improved blood picture and a fall in the derived blood pigments in the duodenal contents. The changes following transfusions in moribund cases sometimes are little short of marvelous. In the use of transfusion as a therapeutic measure in such cases the

agglutinating properties of the blood should be obtained and it is safer to use only 250 cc and repeat in short intervals until the patient becomes stronger. The results that accrue at any rate are not due to the bulk of blood poured into the circulatory system but to haematopoietic reaction which takes place, depending perhaps upon the colloids of the blood or antiferment-ferment balance in the blood plasma of the recipient.

The increase in the size of the spleen is present in quite a number of the cases and should be treated by massive doses of X-ray, stopping just short of a dermatitis or by splenectomy. After a suitable time has elapsed and no reduction is noted it may be removed. The cases with enormous spleens are the ones that show the most marked improvement following the operation.

Until the advent of transfusions and splenectomies we depended upon the simple arsenical compound to combat the disease. General practitioners have seen many cases apparently recover their health with these time-worn remedies and are loathe to part with them. It was true then, as it is now, that no cures were made, that remissions occurred as they do now and the effect of the treatment was as difficult to draw conclusions from as at present. In recent years we have had new arsenical compounds at our command with which we are able to introduce enormous doses in the system. The action of arsenic in this disease is not well understood, but it is supposed to act as a tissue preservative and to produce cell stimulation and production. It is an axiom that it should be given to physiological tolerance to get effect. There is a possibility that the spirochaete may be the cause and in that event its action may be better understood. It seems rational that the newer arsenical preparations should be used intravenously more than they are. We have tried in a number of cases sodium cacodylate in three grain doses daily and have controlled the results with blood counts. The results we must say are disappointing. Our experience with neosalvarsan has been more satisfactory and it has been the custom to begin the therapeutic treatment with an injection of .3 grams and if tolerance was good to increase the dose at a subsequent injection in the course of 10 days. Repeatedly there has been an increase in the amount of haemoglobin, red blood cells and an improved clinical condition. We have given from four to six injections in different cases judging the proper time from clinical and laboratory information. The following case from our records will serve as an example of the action of the drug in a number of cases:

Mr. X, age 59, married, merchant; consults on account of weakness, lemon tinged skin, dyspnea on slight exertion, aching pains in bones of the arm, forearm and legs.

Family history and habits are unusually good and he denies venereal disease.

Past history of illnesses. Since 20 years of age

has had periodical attacks of biliousness, characterized by sallowness, malaise, headache, anorexia and bad tastes in mouth coming on an average of once or twice a year and lasting from one to three days. Bowels would usually be loose and moderately crampy. Often he thought a tonic straightened him out. He never had his temperature taken during an attack and does not remember of ever feeling chilly. His best weight is around 120 pounds, but for the last couple of years has been but 113 pounds. He also had pneumonia four years ago, from which he made an uneventful recovery.

Present trouble began four months ago, following one of the above described attacks which left him weak, dyspneic and aching. After various medical attention with no improvement he went to a sanitarium to be treated for rheumatism. He became more weak, dyspnea increased and several weeks before presenting himself noticed a peculiar lemon tinged skin.

Physical examination. At the time of the examination he was so weak and dyspneic that he could not walk a block. The lemon tinged skin was marked and he had a coarse husky voice. The mucous membranes showed marked palor. The heart borders were slightly increased with a soft systolic sound at the base. The temperature ranged from 99 to 100 and pulse rate, 80 to 90. Pulse tension low. Blood pressure, systolic, 115; diastolic, 70; pulse pressure, 45. Both kidneys were moveable and marked splanchnoptosis was present. The stools showed no blood nor parasites present but an increase of bile pigments. Stomach analysis, free HCL zero; total acidity, zero. No blood, lactic acid, sarcina or Boas-Oppler bacilli present. The urine showed a slight amount of albumen present with an occasional cast at first which later cleared up entirely.

Blood examination. Red cells, 1,850,000; haemaglobin, 40%. Color, index one plus, leukocytes 6,600, polymorphinuclear neutrophils 55%, small mononuclears, 40%; large mononuclears, 5%, eosinophils, 4%; myelocytes, 1%. There was a large number of megalocytes present and a few cells showed polychromatophilia.

Treatment. After two injections the red cells were 2,190,000 and haemaglobin 85%. After the third injection the haemaglobin was 90% and the red cells were 4,080,000, with haemaglobin 6,700, polynuclears 62%, small mononuclears 30%, large mononuclears 8%. Many normablasts were found in the field. After a fifth injection the red cells were 4,080,000 with haemaglobin, 90%. Color index one plus. Only an occasional megalocyte was found in the field and no poikilocytosis was present. The patient's skin had cleared entirely of the lemon tinge, aching of the bones had almost completely disappeared. He returned home shortly afterwards and resumed his duties. Four months later he reported aching again. A blood examination showed the

reds to have dropped to 3,200,000, haemaglobin 75% plus color index, anisocytosis and poikilocytosis was slightly marked. He was given another injection and returned home a few days later. Eleven months altogether have passed and he just recently reports that his weight is 120 pounds and aside from some occasional aching spells in bones and tendency to fatigability he again finds pleasure in pursuing his usual life.

In view of the excellent results received in our hands with this drug we hope to encourage the use of it in this disease instead of the more simple arsenical compounds and if after a thorough trial no improvement is observed other methods may be resorted to.

REFERENCES

1. Surgical Clinics of Chicago, April, 1917.
2. H. Z. Giffin, Journal A. M. A., Feb., 1917.
3. K. Vogel, Journal A. M. A., April, 1916.
4. Cederburg, Berl. Klin. Wehm. Schr.
5. Eppinger, Berl. Klin. Wehm. Schr., 1913.
6. King, 11509, 1572, 2409 Archives Internal Medicine, August, 1914.

BOOK REVIEWS

A Pocket Formulary, by E. Quin Thornton, M. D., Assistant Professor of Materia Medica, Jefferson Medical College, Philadelphia. Eleventh edition, revised, pp. 292, cloth. Lee and Febiger, Philadelphia and New York.

This little pocket volume is very convenient for the busy practitioner, as it is compact and can be slipped into the pocket or medicine case. There is a dosage table for vaccines and serums as well as for drugs, and a list of important compatibles as well as poisons and their antidotes. The index is arranged alphabetically for diseases and symptoms, with appropriate formulae with palatability as well as pharmaceutical elegance with the employment of suitable drugs for each disease, whether simple or severe.

The reviewer finds two faults only: One, no mention is made of the common disease, hypertension, or arteriosclerosis, with its attendant chronic symptoms; the second, no index in the back of the book, or references to any prescriptions of some well known physicians.—G. W. K. Columbus.

Sept. 11, 1918.

A MANUAL OF CLINICAL DIAGNOSIS by means of laboratory methods, by Charles E. Simon, B. A., M. D., Professor of Clinical Pathology and Physiological Chemistry in the University of Maryland Medical School and the College of Physicians and Surgeons, Baltimore, Maryland. Ninth edition. Enlarged and thoroughly revised. Illustrated with 207 engravings and 28 plates. Lea & Febiger, Philadelphia. Price \$6.00.

TUMORS OF THE NERVOUS ACUSTICUS AND THE SYNDROME OF THE CEREBELLOPONTILE ANGLE. By Harvey Cushing, M. D., professor of Surgery at Harvard University. Octavo of 296 pages with 262 illustrations. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, \$5.00 net.

Why Is the General Practitioner*

J. W. Clemmer, M. D., Columbus, Ohio

EFFORTS to organize medical practice are directed by two essential objects: one is the fact that the medical interests of the public and the professional interests of medicine are mutual and identical; the other is the fact that the highest function of the medical profession is to develop and maintain an easy flow of therapeutic aid to the sick public from authentic sources of scientific knowledge and skill. It is the object of this paper to accentuate these principles of practice in a coordinate relation between the specialists and the general practitioner. This relation will be discussed from five points of view:

- (1) Requirement of efficient preparation of candidates, hereafter, who propose to specialize in medicine.
- (2) Maintenance of ethical conduct between the specialist and general practitioner.
- (3) Cooperation between special and general medicine for efficient service.
- (4) Readjustment of fees for joint service.
- (5) The province of the general practitioner.

Plain talk on a few of these topics is disagreeable in this, that it calls attention to faults; yet it is agreed that the best construction work is to discard faulty methods. The faults discussed are common to all communities of medical men and certainly this paper has no personal or local significance.

In pioneer days the family physician was a composite practitioner. He held in the hollow of his hand all therapeutic measures. The skyline of his practice circled the entire armarium. Upon the advent of bacteriology a new era was introduced. Since then great progress has been made in all branches of medicine. Etiology, pathology, surgery, diagnosis and therapy have been rewritten in terms of progress. Clinical medicine has been revolutionized. Diagnosis has been amplified by laboratory and post operative findings. The X-ray has become an important factor in diagnosis and treatment. From these and other scientific means of diagnosis a technic of equipment, knowledge and skill has been developed and dignified by the term, internal medicine.

All in all, the field of practice has become so widened, so complex and technical as to necessitate a division of the work into a number of branches. This wonderful amplification of medical practice has come so rapidly that working formulae for efficient correlation between the branches have not been fully developed. The apparent encroachment of the specialist on the time honored dominion of the family physician

caused one to remark that he was no longer sure of his families—not even his own. And a layman writing on this topic said that: "The human body, interior and exterior, has been mapped and blue-penciled. All the organs and regions have been parceled out like town lots and pre-empted by specialists. The old family physician has been removed from the map and becomes the homeless Hector of medicine." Despite this bit of levity the family physician maintains his own in the new order of things. Indeed his rank has been changed to general practitioner by the army of specialists.

We have to consider seriously, on the one hand the vast resources in store for the therapeutic relief of the sick, and on the other, the vast number of unrelieved sick. Many take the dope of charlatanry and proprietary manufactures or become the dupes of cult practice. Hence one of the great functions of medical men is the medical education of the people. Again, not all the sick in the care of physicians are receiving the best the profession has in store. The easy flow of therapeutic aid to the sick public is impeded by evil influences acting outside the professions and by causes acting within the profession. Better protection of the mutual medico-public interests will correct these faults. One of the means to this end is qualification before the State Medical Board of all candidates, hereafter, desiring to specialize in medicine. But it is objected, "Why this dual license to practice?" Simply this, specialization means special knowledge, special skill, special equipment in a special line of work. And all this presumes special preparation, but, as a matter of fact, the recent graduate or a general practitioner can enter special practice while he waits on his printer for the announcement cards. Lack of requirements has resulted in an over production of untrained specialists. This type of specialist neglects his relation to general medicine because he is satisfied with the facts gained in a short course of post-graduate study. There is neither time nor disposition to trace these facts to a scientific basis. For this reason patients are over treated locally who should be referred back to the general practitioner. It is not sufficient to gather something of the facts and technic of special branches. To do progressive work—to explain these facts—the specialist must be familiar with research work. This is the business and the profession of the specialist, otherwise he loses his perspective of general medicine, and plays the part of a mechanical artisan.

The State Medical Board, a few years ago, submitted a resolution to the Ohio profession looking to an examination and qualification of men desiring to specialize in medicine. The board

*Read before Columbus Academy of Medicine, November, 1917.

evidently regarded such a procedure as a means to safeguard mutual medico-public interests. Popular sentiment enacted provisions to examine and license cult healers. By the same token the laity, while protecting its welfare in the matter of trimming corns, etc., insist on special qualifications of men who claim special skill in the relief of serious disease.

Proper relations between the general practitioner and the specialist are not defined by statutory law, except fee-splitting. And as to medical ethics, the honor and courtesy of gentlemen do not require written guides. The code of ethics is expressed in the golden rule, giving the other fellow a fair deal and the patient first consideration. The general practitioner has no complaints to lodge against the great majority of specialists; yet the few are guilty of many irregularities. A few of these are cited:

- (1) Neurotic symptoms in cases of organic disease are made the vehicle to convey patients from the general practitioner to the visiting list of the neurologist. The best interests of all concerned would result from a consultation.
- (2) Personal friendship is made the excuse of specialists in acting the part of the family physician. Some specialists have a large circle of friends.
- (3) A specialist refers a patient to the internist or other specialist instead of referring the patient back to the general practitioner, with a written statement of findings and conclusions.
- (4) Without consultation with the general practitioner the specialist directs the patient to the hospital for general as well as special treatment.
- (5) A laboratory man serving the medical public as bacteriologist or pathologist gradually, not to say surreptitiously, assumes the role of internist and later becomes a visiting physician.
- (6) Internal medicine is limited to diagnosis and consultation practice plus treatment requiring special technic. The opportunities often lead to delinquency of ethics by encroachments upon the functions of the general practitioner.

Dr. Louis Frank of Louisville says: "Let us have special examinations for those members of the profession who desire to specialize in medicine. Then recognize as such those who are able to qualify as specialists. Let us compel them to adhere to such practice and not surreptitiously engage in work other than that for which they declare themselves particularly qualified."

The modern practice of medicine, whether special or general, requires technical knowledge and art in both diagnosis and treatment. With special practice the fees are automatically increased. In general practice the fees remain the same in accord with the old fee bill system. In

difficult cases, in joint service between specialist and general practitioner, there naturally results a discrepancy in fees. The technical knowledge and advice of the family physician are measured in terms of mileage, number of calls, prescriptions, etc., while the services of the specialist are recognized at their true value. This discrepancy is sometimes recognized by the attendants in the split fee, but the discrepancy is unrecognized by the patient simply because he has been taught to regard trivialities, as mileage and number of calls, of the general practitioner as identical with service values. The split fee muddle is but another form of ethical obliquity growing out of incoordinate relations between general and special practice. An important feature of medical practice is the establishment of economic, ethical and efficient relations between different branches.

Under present conditions in college clinics and hospital service the pauper receives the best medical and surgical attention. The rich are referred to specialists, going from one to another about town. There is lack of cooperation in working out diagnoses, especially in difficult cases. Reports as to findings and opinions are perfunctory and unsatisfactory to the patient and his physician. The middle class constituting the vast majority of patients refuse charity service and are unable to pay the fees of high priced specialists. Constructive organization is needed to furnish standard service to all patients. The solution of the problem must come largely from an economic standpoint; whether it will eventuate from the profession or the state remains to be seen. The Workmen's Compensation Law and the prospective State Health Insurance Law show the drift of medico-public interests.

Team work in medical practice is commercialized in institutions like that at Battle Creek. The same service is professionalized in the St. Luke's Hospital, San Francisco. Here ten specialists do team work. Of the number related to a case each in turn examines the referred patient and re-examines, if desired. Daily consultations of the group examiners, including the general practitioner, are held until a diagnosis and treatment are satisfactorily determined. The patient is referred back to the family physician, who is furnished a written statement as to findings, diagnosis and treatment. The team work is done for a fee in accord with the patient's ability to pay. This plan in St. Luke's Hospital is reported by one of the staff as working quite satisfactorily. From the large number of mistaken diagnoses reported from the Massachusetts General Hospital this plan of team work is necessary to the best service.

In cases requiring laboratory and other technical means of diagnosis, the group plan furnishes the attending physician all possible resources for the relief of his patient. The diag-

nosis is made earlier and with less annoyance and expense to the patient than under prevailing methods of slow imperfect trials of the general practitioner, followed by individual consultations with their lack of cooperation and definite conclusions. The group plan does not lessen but increases the usefulness of the general practitioner. The patient receives the best attention and special medicine is fully represented.

Certainly much special work is done not requiring group diagnosis or the attention of the general practitioner. As a rule, however, even in minor procedures the patient is following the advice of his doctor. He is the family servant in times of stress and trouble. He is councilor and friend. He is the father confessor among protestants. He treats the sick individual as well as the disease. He does not lose interest after the diagnosis is made, nor relinquish his tact and sympathy in the shadow of mortality. Furthermore, he is in a position to safeguard the interests of the patient at times when the specialist with unlimited enthusiasm, but, limited points of view, is ready to operate without sufficient warrant. This statement is unquestioned among surgeons who are making organized effort to eliminate useless operations.

The functions of the general practitioner are so many and diversified that only some of the more important can be summarized. There are three large fields of morbidity to keep the doctor busy:

- (1) The infections in their primary and secondary manifestations from abscess to tuberculosis or syphilis causing 75% of all morbidity.

- (2) Cardio-vascular disease causing 75% of deaths after age of 40.

- (3) The functional nervous disorders with their hysteria, their neurosthenia and psychoneurosthenia.

Other fields of practice would be little cultivated but for the general practitioner. These relate to therapy for various disorders: individual prophylaxis and hygiene, dietetics, psychotherapy, electrotherapy, organotherapy, tuberculosis therapy, mechanotherapy, drug therapy, hydrotherapy, pneumotherapy, etc. The big work of the bedside physician is all his own, including all therapy and all ministrations to the sick in times of greatest need. Progress has mapped and parceled out to specialists certain sectors in the domain of medical practice, but the general practitioners, by dint of prestige and function, have the entire dominion enclosed by a stone wall. Special sections are but the easements of general practice. In other words, fortunately for the laity, when certain organs of their bodily economy go wrong the specialists can make them go right, but when people become ill they send for the doctor. The story of a Columbus woman who was about to remove to New York is apropos. She asked her doctor whom to call in New York in case of sickness. He gave her a list of specialists and explained whom to call according to the needs. After she was installed in her new home she looked over the list of specialists. Then she wrote to her Columbus doctor saying: "I know whom to call in case I have trouble with the stomach, with the rectum, the heart, the lungs, skin, kidneys, eyes, ears, or pelvic organs, but what I want to know is whom to call when I get sick."

He Died for His Country

The following is clipped from the editorial columns of The Columbus Evening Dispatch. It is a splendid tribute to Dr. Guy J. Kent of West Liberty, late secretary of the Logan County Medical Society.

"A Logan county physician, Dr. Guy Kent, is dead as the result of an operation which he underwent in order to fit himself for the military service. He could not, of course, have been drafted into the service, owing to the physical defect; he might have lived to ripe old age, had he not sought to enter the service. So he died for his country—just as much as if he had been killed while fighting on the field of battle in France.

"This is not, however, the first instance of the kind. There have been several such deaths—and they are the deaths of heroes. These men desire to serve their country. They are not only willing to take their chances with the enemy, face to face, but they are willing to take their chances in preparation for the enemy, even when the chances are against them. They display courage over and above that displayed by the fellow who is physically fit.

"Distressing as are these deaths of heroes, it is pleasant to know that we have so many of them. It is a glorious thing when men lay down their lives for their country—or face the hazards that beset the nation and survive."

Cleveland Journal Discontinues

The Cleveland Medical Journal, which has been published regularly as the official organ of the Cleveland Academy of Medicine since 1912, has been discontinued. An editorial announcement assigns the action to "difficulties attendant upon publication in unusual conditions," and to the fact that many members of its editorial board are in service. The Cleveland Medical Journal has won recognition by its high editorial character. For years it has presented much of the best work of the leading men in Cleveland. Its temporary disappearance will be very generally regretted.

This journal hopes, in succeeding months, to present to the profession of the state the medical articles produced by the Cleveland profession that have in the past been published in the local journal.

State Health Department Urges Physicians to Observe New Venereal Disease Reporting

State Health Commissioner James E. Bauman again requests physicians of Ohio to give careful attention to the new venereal disease regulations which became effective July 1. While failure to comply means a fine and possible imprisonment, the department prefers to place its case on a higher plane in dealing with the medical profession. Mr. Bauman summarizes the doctor's obligation under the regulations as follows:

"To report every known or suspected case of venereal disease which they treat, stating the name, age, address, sex, color and occupation of the patient, the date of onset of the disease and, if ascertainable by reasonable diligence, the probable source of infection.

"To instruct venereal disease patients in measures for preventing the spread of the disease and in the necessity for continuing treatment until cured, and to furnish patients with information relating to the disease, the literature for this purpose being furnished by the State Department of Health.

"To issue no certificate of freedom from venereal disease except after careful clinical and laboratory examination and unless certain that the certificate is not to be used for immoral solicitation.

* * *

In discussing these duties, Commissioner Bauman says:

"One of the most important features is the provision that in reporting a case of venereal disease, the source of infection shall be stated if it can be learned by reasonable diligence. The degree of good to be obtained from this regulation, however, depends in large measure upon the willingness of the physicians of the state to carry out the spirit of the rule.

"'Reasonable diligence' does not mean inquiring casually as to the source of infection and, if the diseased man hesitates over the answer, leaving the space blank. It means that the physician shall make it clear to the patient, if necessary, the importance of this information and shall leave no means of obtaining the information untried. Only by following such a course of positive co-operation can the physician prove his patriotic interest in bringing venereal diseases under control.

"In fact, however, the patient will probably, more often than not, be perfectly willing to name the source from which he acquired the infection. It will be merely a matter of asking him and noting down his reply. The regulation, therefore, imposes no unusual duty upon the doctor, and in any case his fullest compliance with the spirit of the regulation will involve no task the performance of which he does not owe to the public.

"The physician is an important factor in the

machinery of venereal disease control in Ohio. The state realizes that it is making a new demand upon the physician at a time when he is busier than ever before. It is confident, however, that the great majority of the doctors will meet this responsibility as befits members of a profession which is giving such eloquent proof of its patriotism every day that the war continues.

* * *

The cities and communities of Ohio have responded splendidly in the Government campaign against venereal disease. One of the principal parts of this campaign consists in the establishing of day and night clinics for the treatment of these cases and the opening up of sufficient hospital beds to hold such patients as are very sick or are dangerous to the public health—this refers especially to prostitutes.

Toledo has appropriated a large sum of money, opened a day and night clinic for the treatment of these cases and will soon have sufficient hospital beds for the care of such venereals as are found in her limits.

Cincinnati, which had a day clinic and a sufficient number of beds for males, has opened a night clinic twice a week and set aside some thirty to thirty-five extra beds for female cases. The Social Hygiene Society is preparing to run a day and night clinic of its own.

The Council of the city of Columbus appropriated \$10,000 for the establishment of a clinic and the opening of a sufficient number of hospital beds.

Youngstown has a night clinic and a number of beds for these cases, and in addition is planning to start a day clinic and has voted funds for more beds in the hospital.

Cleveland has had two carefully regulated day and night clinics for venereal cases but they lack sufficient hospital space, there being only 24 beds available. However, the people voted a bond issue of \$100,000 for this purpose. It has been approved by the Capital Issues Committee and 150 more beds will be opened up solely for the care of these cases.

Even some of the smaller towns are responding very well. For example, Salem has a well organized day and night clinic to take care of these cases and there are sufficient beds available for all patients that should be hospitalized.

* * *

The state department is particularly anxious to have physicians connected with industrial plants co-operate in its program. The Bureau of Venereal Diseases, in co-operation with the Federal Commission on Training Camp Activities, will furnish educational posters for use in the plant, warning employees of the dangers of these diseases. It can also furnish at cost cir-

culars of information on venereal diseases for distribution among the men, instructions for plant superintendents and enclosures such as the following for use in pay envelopes:

"Venereal diseases (clap and syphilis) must be wiped out in this plant—it's up to you to help. Read the notice posted today."

"It takes a year or more to cure an ordinary case of syphilis—a bad case is often incurable."

"Most cases of venereal disease comes from prostitutes. Seventy to ninety-five percent of all women of this sort have clap or syphilis or both."

Arrangements can be made to have representatives of the Bureau of Venereal Diseases give lantern slide talks to employees, and clinics which have been, or soon will be, established in most communities will provide treatment for men who can not afford treatment by private physicians. Manufacturers and other employers should encourage the establishment of venereal clinics in their communities.

The prevention of venereal diseases among Ohio's industrial workers will mean a profit in

dollars and cents for employers and employees, and will greatly strengthen America's material resources for carrying on the war.

* * *

Heavy increases in reports of cases of venereal disease were brought about in July and August by the new regulations.

Notifications of 1,535 cases of gonorrhea, and 561 cases of syphilis were received during the two months. In the corresponding months last year, when the regulations permitted the name of the patient to be omitted from the report, only 181 notifications of gonorrhea and 142 of syphilis were received. The July and August reports of gonorrhea this year amount to more than the entire year's total for 1917. Even this increase, it is estimated, leaves reporting of these diseases still 75% incomplete, physicians in many communities not yet having been aroused to the importance of aiding the health authorities in controlling venereal infections.

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- The medical profession sustained a real loss when death took Dr. John H. Landis, Cincinnati health officer, noted throughout the country for his efficient public service 578
- We have heard little of the chiropractors, Christian Scientists and other "healers" since the war began, but they'll attend the social in January 578
- A communication from the Surgeon General's Office clarifies, to some extent, the method of determining the doctor's rank in the Army 578
- A Cleveland physician, recently convicted of violating the Federal Pure Food and Drug Act, is a candidate for the Ohio Senate. Scratch your ballot, Clevelanders. 579
- It is the duty of every physician to familiarize himself with the state statutes governing the administration of narcotics. 579
- Yes, Mr. Fuller comes to Ohio and gives his services "absolutely free"—then you go to Michigan where he completes the cure and pockets your coin 579

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- Institutional Supervision, by A. F. Shepherd, M. D., Dayton 584
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OHIO PUBLIC HEALTH NOTES

The August report of Dr. W. C. Pay, Bellefontaine health officer, shows the health of that city to be excellent. There were 12 deaths during the month and 13 births. Eight cases of contagious diseases were reported—five of whooping cough; two of mumps and one of typhoid fever. The latter was imported, the report shows.

Dr. H. H. Goddard, superintendent of the State Bureau of Juvenile Research, has returned from the East to supervise the erection of new buildings for his department on the Columbus State Hospital grounds. Dr. Florence Mateer of New York, who has been identified with Dr. Goddard's work for several years, has assumed her duties as psycho-clinician in the juvenile research department. Dr. Goddard has also recommended the employment of Dr. Gertrude H. Transeau of Columbus, at a salary of \$2,000 per year, to do special work in the new department.

The Cincinnati Health Department has appointed an executive committee of three members to act as a governing body to supervise the affairs of the department, pending the appointment of a health officer to succeed the late Dr. John H. Landis. The committee consists of Dr. George Fackler, Dr. E. W. Walker and A. Clifford Shinkle.

Ohio communities which took action to require vaccination of all school children before the opening of the September term were commended by the State Department of Health for their action. The department urges other cities, villages and rural school districts to take similar action at once. Adoption of this policy throughout the state, it is pointed out, would greatly reduce the prevalence of smallpox this winter, when it is feared the state will suffer an epidemic similar to the one which marked last winter.

If Toledo babies retain their present physical condition Uncle Sam will find plenty of model soldiers there 20 years hence. Statistics compiled by the city efficiency commission, based upon the investigation conducted by the child welfare committee of the women's committee of the council of national defense, in connection with the "Children's Year" program, show that 9,208 children under six years of age were examined. Of these, 6,058, or about two-thirds, were of average height for their age; 1,174, about 12 per cent. were above average height for their age; 1,976, about 21 per cent., were below average height. Exactly 4,894 were of average weight

for their age; 1,276, or 14 per cent., were above average weight, and 3,038 were below the average weight for their age. Only a small number were recorded as having serious defects.

One ton of meat shipped to a Springfield meat market was condemned by the city dairy and food inspector, August 15. It is said that the meat had been enroute from Chicago, without refrigeration, for 48 hours.

After the hearing of witnesses in the charges filed by Mayor C. J. Smith against the members of the Hamilton board of health, for neglecting to abate unsanitary nuisances on nine different premises in the city, the entire board was ousted by a resolution of council. The case has been appealed.

Despite the fact that this is the "typhoid season," the great danger to Chillicothe is not typhoid, but venereal diseases, declared Dr. Dana Robinson of the United States Public Health Service in a statement made to the local health board recently. He states that there are 63 cases of venereal diseases in the city and but three of typhoid. Eight hundred and ten cases were treated during the month of August, an average of nearly 30 per day during the last week of the month.

The Lorain dairy and food inspector condemned 460 pounds of meat in that city in the month of July.

"Hooverizing" in eating has reduced the death rate of diseases which attack the digestive system, statistics compiled for the year 1917 by the State Bureau of Vital Statistics show. The death rate for a majority of the other causes of death show an increase.

With the help of a municipal housekeeper, assisted by a staff of 26 aides, one from each ward, Cleveland may be made a spotless town. A plan, under which the city's problem of cleanliness in the home and public places would be solved by a corps of women, is under advisement, at the suggestion of Dr. Jean Dawson, in charge of the city's fly prevention work. Dr. Dawson has asked an appropriation of \$30,000 to carry out the idea which she has submitted as a "war measure."

TOO BUSY WITH THE WAR

Following the action taken by other district medical societies, the committee in charge of the meeting of the Ninth District, which was to have been held in Ironton on September 12, abandoned plans for a meeting this fall. "We are too busy getting things organized so that the government can have the men it needs from this section," Dr. Dan Gray wrote *The Journal*.

Urges Provision for Tubercular Children

A state institution, or additions to the present sanatorium for the treatment of tubercular children is urged by Dr. S. A. Douglass, superintendent of the Mt. Vernon sanatorium, in his annual report to the board of administration.

Dr. Douglass is strongly opposed to the admission of children under 16 years of age to the Mt. Vernon institution, but says that the refusal to admit children means a denial of opportunity for recovery, and urges a liberal appropriation by the legislature for such commitments.

He also recommends that the arbitrary rate of \$5 per week for each patient at the sanatorium be abolished, and says that it should be fixed by some state board, as in many cases the patients are willing to pay for the complete cost of maintenance while they are patients at the institution. At the present time the law fixes the rate of \$5 per week, and when the patient is not able to pay the amount, the county from which he or she is committed pays it into the state treasury. This amount is not sufficient to cover the cost of maintenance which for the year ending June 31, this year, was \$1.64 per diem.

Doctors Using State Laboratories

We are very glad to report that physicians throughout the state are making excellent use of the recently extended laboratory facilities offered by the State Department of Health. Director L. H. Van Buskirk reports that more than 500 Wassermann tests are being made monthly. During the first three months after the service was instituted, in April, there were 1,404 tests.

The Wassermann test is performed free for Ohio physicians. Outfits provided by the Department must be used in sending in specimens for examination. These outfits are obtainable upon application to the department, but cannot be obtained at the laboratory distributing stations of the department in various parts of the state. Such specimens cannot be sent through the mails except in approved containers such as the department furnishes.

Blindness in Cincinnati

The Helen E. Trounstone Foundation has published an exceedingly interesting summary and discussion of blindness in Hamilton county, Ohio, prepared by Dr. Louis Stricker, county director for blind relief. Since 1908 Dr. Stricker has been very active in the work of preventing blindness and providing for the needy blind. His work and the experience in Hamilton county has been a considerable factor in securing adequate blindness prevention laws in this state. In his survey Dr. Stricker discusses in detail the progress that has been made in dealing with the situation and the beneficent laws that have been enacted as a result of the blindness prevention movement. His compilations of statistics and his deductions therefrom are exceedingly interesting.

Independent Health Department

The public health department of Akron, under the direction of Dr. C. T. Nesbitt, will be made a major department independent of other city jurisdiction if voters adopt the charter outlined by the commission at the November election.

The new department, if the charter is adopted, will consist of a health commission, comprising two physicians and three laymen appointed by the chief administrator. The chief health officer, or director of health, will be named by the health commission.

In order that the health department may never again suffer from dearth of funds, the charter commission provided that council must appropriate annually for health work a sum equivalent to not less than 50 cents for each inhabitant of the city, the number of inhabitants to be determined by the school census upon a basis of five inhabitant to each registered child of school age. The charter will provide that the health department must protect the city from every form of disease and from unsanitary conditions and also enforce medical inspection and compulsory corrective measures among the school children, in addition to other health work.

Small Advertisements of Interest

Practice for Sale—Physician in town of 200 doing a business of \$2,000 annually desires to sell home and practice and enter military service. A protestant physician could materially increase the volume of business here. Write R. W. J., care The Ohio State Medical Journal.

Are You Going to Join the Colors? Then have us relieve you of your collection worries. Physicians' accounts tactfully collected. No collection, no pay. Pleased clients everywhere. Those slow payers and "dead beats" are not paying you now. Why continue to worry with them? Have us get busy for you. For particulars, address The Interstate Mercantile Agency, Chillicothe, Ohio.

For Rent—Office, built for physician, with all modern conveniences. North High street corner. Former occupant gone into the army. Address J. L. G., 41 15th avenue, Columbus, Ohio.

STUDENTS' TRAINING CORPS

In view of the great demand for surgeons in the Army and for service in reconstruction after the war, the government has increased the quota of medical students in College of Medicine, University of Cincinnati, to be educated at its expense, from 175 to 250. Seventy-five additional men may get the benefit of this. After they are inducted into the S. A. T. C. they receive all their expenses, tuition, and \$30.00 a month. They will live in dormitories under military discipline and receive a limited amount of military instruction. The students will belong to the University S. A. T. C. and enjoy all the other advantages of the institution. In order to gain admission to the S. A. T. C. the student must have had the two year premedical course. Students of other institutions desiring to enter should bring certificates covering their credits. They may enter until October 15.

Annual Report of the State Medical Board Shows That the Chiro's, as Usual, were the Fly in the Ointment

Most of the time of the State Board of Medical Registration during the fiscal year which ended June 30, 1918, was occupied in administering the new laws regulating the practice of limited practitioners and the practice of nursing, says the annual report submitted by Secretary H. M. Platter to Governor Cox.

The report states that limited practitioners, "except certain chiropractors," have endeavored to comply with the rules and regulations of the board defining the amount of preliminary education necessary before one can be admitted to an examination for certificate to practice.

The Chiropractic schools have denied the board the right of inspection in the majority of instances. Those schools which have permitted inspection have been found so deficient in equipment, and so lax in the requirement of any preliminary educational standard, that recognition could not be entertained in a single instance.

CERTIFICATES ISSUED AND REVOKED

During the year four regular, seven special and one adjourned meeting were held. Regular examinations were held December 4-6, 1917, and June 4-7, 1918. Certificates were issued to:

Physicians and surgeons on examination.....	186
Physicians and surgeons by reciprocity.....	69
Osteopaths	39
Limited Practitioners	18
Chiropodists	8
Midwives	7
Nurses	962

Six applications for revocation were considered; five certificates were revoked, and one continued because of ill health of the physician. Four certificates were restored.

APPLICATIONS REJECTED

The following applicants were refused certificates:

Graduates in medicine and surgery on examination	4
Osteopaths on examination.....	14
Midwives on examination	1
Limited Practitioners	5

REPORT ON PROSECUTIONS

One hundred and ten affidavits were filed against forty-eight persons for illegal practice of medicine and midwifery. As a result of these prosecutions nineteen convictions were secured, two disagreements and two dismissals. Twenty-five cases are pending.

FINANCES

The board has kept below the appropriation made for its expenses by the legislature. By careful management, it was able to show a reduction over operating expenses for the preceding year. The total disbursements were \$12,246, as compared with \$13,138 for the preceding year. The balance in the Medical Board fund at the

close of the year was \$31,350.94. The balance the year before was \$30,459.83.

NURSING DEPARTMENT

Sixty-five schools of nursing have met the requirements of the board, and graduates of these institutions, after passing an examination before the Nurses' Examining Committee, received certificates as registered nurses. The friction incident to the administration of the nurses' law has almost entirely disappeared. The nurse registration department disbursed \$5,872 during the year, and started the new fiscal year with a balance of \$40,935. The report gives a list of the hospital and nurse training schools which have been recognized by the board.

TOTAL FIGURES

Since the enactment of the law of 1896 creating the State Board of Medical Registration, certificates as follows have been issued:

Physicians and surgeons	14,626
Osteopaths	359
Limited Practitioners	554
Chiropodists	173
Midwives	512

The following applicants have been rejected:

Physicians and surgeons	724
Osteopaths	60
Limited Practitioners	105
Chiropodists	9
Midwives	88

The following certificates have been revoked:

Physicians and surgeons	62
Midwives	3
Chiropodists	1

The following certificates have been restored:

Physicians and surgeons	14
Midwives	2

In Again, Out Again

L. N. Fellows and Charles L. Rowe, unlicensed chiropractors of Dayton, were committed to jail, September 9, to serve out their respective sentences of one hundred dollars and costs and six months, each. The sentences were passed when it was learned that Fellows and Rowe had continued to practice after being convicted of practicing medicine by the Court of Common Pleas, six weeks ago. When they told Judge Patterson that they had continued to practice on the advice of their attorney (Mr. Morris, representative of the Palmer establishment), he said he wished that gentleman was present—intimating that he would probably be cited for contempt of court.

After spending 48 hours in jail, Fellows and Rowe were released, their jail sentences having been suspended on their promise not to resume practice in Ohio until they had complied with the law.

Outline of the Plan for a Revised Volunteer Medical Service Corps

The Volunteer Medical Service Corps originally was authorized by the Council of National Defense on January 31, 1918. Under this authorization the membership of the corps consisted of all physicians who because of overage, physical disability, dependents and essential home needs were not eligible for service in the Medical Reserve Corps of the Army or Navy.

On August 5th the Council of National Defense authorized a change in the scope of the organization and an increase and amplification of its Central Governing Board. Membership in the Corps as now authorized, makes eligible to the corps every legally qualified physician, including women physicians, holding the degree of Doctor of Medicine from a legally chartered medical school, without reference to age or physical disability, provided he or she is not already commissioned in the Government service. This organization has now the approval of the President as indicated in the following letter:

THE WHITE HOUSE

WASHINGTON

12 August, 1918.

My Dear Dr. Martin:

I have received your letter of August 5, laying before me the matured plan for the reorganized Volunteer Medical Service Corps, of which you ask my approval. This work was undertaken by you under the authority of the Council of National Defense; it has had great success in enrolling members of the medical profession throughout the country into a volunteer corps available to supply the needs of the Army, Navy and Public Health Service. In co-operation with the General Medical Board of the Council of National Defense, the strong governing board of the reorganized corps will be able to be of increasing service, and through it the finely trained medical profession of the United States is not only made ready for service in connection with the activities already mentioned, but the important work of the Provost Marshal General's Office and the Red Cross will be aided and the problems of the health of the civilian communities of the United States assured consideration. I am very happy to give my approval to the plans which you have submitted, both because of the usefulness of the Volunteer Medical Service Corps and also because it gives me an opportunity to express to you, and through you to the medical profession, my deep appreciation of the splendid service which the whole profession has rendered to the nation with great enthusiasm from the beginning of the present emergency. The health of the Army and the Navy, the health of the country at large, is due to the co-operation which the public authorities have had from the medical profession; the spirit of sacrifice and service has been everywhere present and the record of the mobilization of the many forces of this

great Republic will contain no case of readier response or better service than that which the physicians have rendered.

Cordially and faithfully yours,
(Signed) WOODROW WILSON,

Dr. Franklin Martin,
Advisory Commission,
Council of National Defense.

THE GENERAL PLAN

The Volunteer Medical Service Corps is exactly what its name indicates. It is a gentleman's agreement on the part of the civilian doctors in the United States who have not yet been honored by commissions in the Army and Navy, and a representative board of governors consisting of officials of the Government associated with lay members of the profession, in which the civilian physician agrees to offer his services to the Government if required and asked to so do by the Governing Board.

It is a method of recording all physicians who are not yet in service and classifying them so that their services when required will be utilized in a manner to inflict as little hardship on the individual as possible. It is a method by which every physician not in uniform will be entitled to wear an insignia which will indicate his willingness to serve his Government.

As more than sixty per cent of the physicians of the country will be utilized in caring for the industries at home and the health of the home people, this large percentage of necessity will be expected to maintain their home status and continue their ordinary professional work.

THE PLAN IN OHIO

Under the original plan of operation the Ohio committee selected confidential advisors in each county. When the Volunteer Medical Service Corps was changed in August and it became a voluntary conscription plan it was thought best to abandon the plan of confidential advisors and appoint official representatives who would be authorized to act as representatives of the state committee, and whose advice would be accepted in all pending matters.

The following are members of the executive committee which will represent Ohio in dealing with the Central Governing Board at Washington:

DR. CHARLES F. CLARK, Columbus, Chairman.
DR. JOHN C. OLIVER, Cincinnati.
DR. T. A. McCANN, Dayton.
DR. C. N. SMITH, Toledo.
DR. J. E. COOK, Cleveland.
DR. J. C. M. FLOYD, Steubenville.
DR. H. M. PLATTER, Columbus.
DR. JOHN K. SCUDDER, Cincinnati.
DR. C. E. SAWYER, Marion.

Executive Secretary George V. Sheridan of the State Association, is secretary of this committee, and the State Association headquarters

in Columbus are its official headquarters. The committee is directed by Washington to meet in Columbus on each alternate Sunday and to meet in addition as often as the emergency needs require.

The organization of the Volunteer Medical Service Corps in Ohio was surrounded by considerable confusion because of the radical changes in the original plan which were made in Washington early in August. Prior to that time we definitely were given to understand that the Volunteer Medical Service Corps was largely a classification scheme and that its chief purpose was to "smoke out" those doctors who should enter active service but who had held back. It was specifically stated on various occasions prior to August, by responsible representatives of the Council of National Defense sent to Ohio from Washington, that this was the chief purpose of the corps.

Acting on this information the Ohio committee sent out thousands of circulars urging everyone to apply for either the V. M. S. C. or the Medical Officers Reserve Corps. At the same time the impression previously given by Washington representatives as to the real meaning of such enlistment was spread broadcast.

When the plan of the corps was suddenly changed in August it was found that the work previously done by the committee in this state

was the chief impediment to quick progress in promoting the new and vastly more important corps. Several hundred application blanks to the old Volunteer Service Corps has been distributed and filed in Washington.

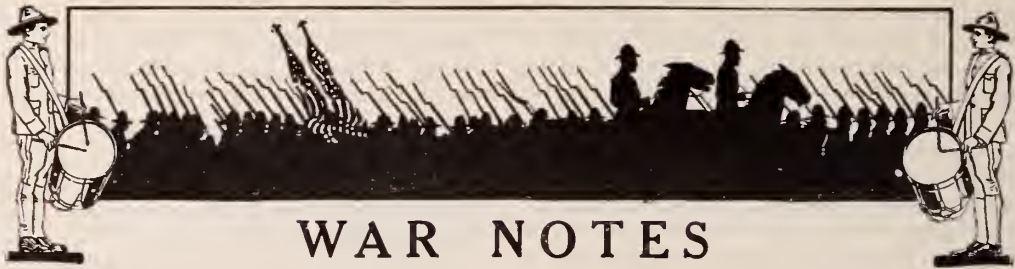
The committee, after conference with Dr. C. E. Sawyer of Marion, who is a member of the new Central Governing Board at Washington, decided late in August to summon a conference of representatives from each county and lay the matter squarely before them. This was held in Columbus on Sunday, August 25, and seventy-seven of the eighty-eight counties were represented. The details of the new plan were presented by Dr. Sawyer and by Drs. Clark and Smith of the state committee.

Although it was pointed out, in so many words, that the plan in reality was voluntary conscription of the medical profession, it seemed to meet with unanimous approval by the representatives present. Practically all felt that the time had come for the government, through some well established agency, to indicate which men should enter the military branches and which should remain at home to serve the civilian population.

There has been delay, owing to the rush at Washington, in acting on the hundreds of Ohio applications, but it is hoped to have this well under way this month.

County Representatives Selected by Executive Committee of the Volunteer Medical Service Corps

Adams	Dr. O. B. Kirkpatrick, Cherry Fork.	Logan	Dr. W. W. Hamer, Bellefontaine
Allen	Dr. W. B. Van Note, Lima	Lorain	Dr. A. N. Garver, Lorain
Ashland	Dr. Wm. M. McClellan, Ashland	Lucas	Dr. C. N. Smith, 234 Mich. St., Toledo
Ashtabula	Dr. F. W. Upson, Conneaut	Madison	Dr. Albert J. Strain, London
Athens	Dr. W. N. Alderman, Athens	Mahoning	Dr. R. D. Gibson, Dollar Bank Bldg., Youngstown
Auglaize	Dr. Grant Nichols, Wapakoneta	Marion	Dr. C. E. Sawyer, Marion
Belmont	Dr. J. S. McClellan, Bellaire	Medina	Dr. J. E. Waite, Lodi
Brown	Dr. R. B. Hannah, Georgetown	Meigs	Dr. D. B. Hartinger, Middleport
Butler	Dr. W. H. Hawley, College Corner	Mercer	Dr. D. H. Richardson, Celina
Carroll	Dr. J. R. Williams, Carrollton	Miami	Dr. A. B. Frame, Piqua
Champaign	Dr. D. C. Houser, Urbana	Monroe	Dr. A. H. Korner, Woodsfield
Clark	Dr. Read L. Bell, Springfield	Montgomery	Dr. Horace Bonner, 1027 Reibold Bldg., Dayton
Clermont	Dr. C. H. Mason, Lock Box 3, Felicity	Morgan	Dr. Lee Humphrey, Malta
Clinton	Dr. G. W. Wire, Wilmington	Morrow	Dr. W. L. Case, Mt. Gilead
Columbiana	Dr. Wm. N. Gilmore, East Liverpool	Muskingum	Dr. Edmund C. Brush, Zanesville
Coshocton	Dr. E. C. Carr, Coshocton	Noble	Dr. J. L. Gray, Box, 432, Caldwell
Crawford	Dr. James J. Martin, Bucyrus	Ottawa	Dr. S. T. Dromgold, Elmroe
Cuyahoga	Dr. W. H. Humiston, 536 Rose Bldg., Cleveland	Paulding	Dr. J. W. Cartwright, Payne
Darke	Dr. J. E. Hunter, Greenville	Perry	Dr. J. G. McDougall, New Lexington
Defiance	Dr. W. S. Powell, Defiance	Pickaway	Dr. Howard Jones, Circleville
Delaware	Dr. J. H. Miller, Delaware	Pike	Dr. O. C. Andre, Waverly
Erie	Dr. J. T. Haynes, Sandusky	Portage	Dr. Geo. J. Waggoner, Ravenna
Fairfield	Dr. H. M. Hazelton, Lancaster	Preble	Dr. J. C. Ryder, Eaton
Fayette	Dr. W. E. Ireland, Washington C. H.	Putnam	Dr. C. F. Douglass, Kalida
Franklin	Dr. H. M. Platter, State Medical Bd., Columbus	Richland	Dr. W. S. Mecklem, Mansfield
Fulton	Dr. C. E. Bennett, Wauseon	Ross	Dr. Gilbert E. Robbins, Chillicothe
Gallia	Dr. G. G. Kinneon, Gallipolis	Sandusky	Dr. C. R. Pontius, Fremont
Geauga	Dr. F. B. Pomeroy, Chardon	Scioto	Dr. S. S. Halderman, Portsmouth
Greene	Dr. A. C. Messenger, Xenia	Seneca	Dr. R. G. Steele, Melmore
Guernsey	Dr. Clark A. Moore, Cambridge	Snelby	Dr. M. F. Hussey, Sidney
Hamilton	Dr. F. B. Samson, 628 Elm, Cincinnati	Stark	Dr. J. F. Marchand, 221 Cleveland Ave. N. W., Canton
Hancock	Dr. John C. Tritch, Findlay	Sunmit	Dr. C. W. Millikin, Akron
Hardin	Dr. A. S. McKittrick, Kenton	Trumbull	Dr. F. K. Smith, Warren
Harrison	Dr. Samuel B. McGavran, Cadiz	Tuscarawas	Dr. J. E. Groves, Box 637, Urichsvill
Henry	Dr. A. E. H. Maerker, Napoleon	Union	Dr. C. D. Mills, Marysville
Highland	Dr. John C. Larkin, Hillsboro	Van Wert	Dr. Geo. M. McGavran, Van Wert
Hocking	Dr. Chas. F. Aplin, Logan	Vinton	Dr. A. A. Boal, Zaleska
Holmes	Dr. D. S. Olmstead, Millersburg	Warren	Dr. Herschel Fisher, Lebanon
Huron	Dr. W. W. Lawrence, Norwalk	Washington	Dr. F. E. McKim, Marietta
Jackson	Dr. A. G. Ray, Jackson	Wayne	Dr. John G. Wishard, Wooster
Jefferson	Dr. J. C. M. Floyd, Steubenville	Williams	Dr. J. A. Weitz, Montpelier
Knox	Dr. James F. Lee, Mt. Vernon	Wood	Dr. Chas. S. St. John, Bowling Green
Lake	Dr. C. M. Hawley, Painesville	Wyandot	Dr. I. N. Bowman, Upper Sandusky
Lawrence	Dr. Wm. F. Marting, Ironton		
Licking	Dr. J. P. H. Stedem, Newark		



WAR NOTES

Dr. H. R. Brown of Chillicothe, Captain M. O. R. C., is stationed at Fort Oglethorpe, Georgia, where he is in charge of the medical service for interned alien enemies.

Dr. Frank H. Lamb of Cincinnati, member of the staffs of the General Hospital, Christ Hospital and the Children's Hospital, who went to France last April to engage in child welfare work under the auspices of the American Red Cross, has returned home. Dr. Lamb expects to enter the Army Medical Corps for overseas service in the near future.

First Lieutenant Walter M. Leonard of Fostoria, who is stationed at the Medical Officers' Training Camp at Fort Oglethorpe, Georgia, as an instructor, has recently been commissioned as a first lieutenant in the regular Army Medical Corps.

Dr. E. S. Jones of Painesville, Lieutenant, M. O. R. C., has been transferred from the base hospital at Camp Jackson, Columbia, South Carolina, to the base hospital at Camp Merritt, New Jersey. Lieutenant Jones expects shortly to be stationed at a new government hospital in New York City where wounded and disabled soldiers from overseas will be cared for.

Mrs. A. J. McCracken of Bellefontaine has received word of the safe arrival overseas of Dr. Arthur J. McCracken, Captain, M. R. C., with Evacuation Hospital No. 9, U. S. A.

Dr. Henry Wells of Cambridge, Lieutenant, M. O. R. C., member of the local board of health, was honored with a farewell reception by his colleagues on August 30, the eve of his departure for Camp Greenleaf, Fort Oglethorpe. During his absence Dr. Wells' office will be in charge of his father, Dr. L. C. Wells.

A special appropriation of \$1,100,000 has been made by the American Red Cross to cover the work of the newly organized Anti-tuberculosis Unit to Italy. Dr. Charles Williams White of Pittsburg, for ten months director of the Red Cross Tuberculosis Unit in France, is director of the new unit, and Dr. Robert H. Bishop, Jr., of Cleveland is assistant director. Several Ohio men are in this service.

Lieutenant William Topmoeller of Cincinnati was gassed and is now recovering in Base Hospital No. 36, writes Dr. Louis Howard Schriver, former member of the Cincinnati General Hospital surgical staff. Lieutenant Schriver left for France with the Cincinnati base hospital unit last June.

Major Horace J. Whitacre, former Cincinnati surgeon, has been appointed director and chief of staff of one of the largest evacuation hospital units to be sent to France, and is training his outfit at Camp McPherson, Georgia. The hospital will have a capacity of 1,000 beds. Major Whitacre has lived in Tacoma, Washington, in recent years.

Lieutenant J. F. Holtz of Plymouth, is serving in the capacity of physician to a troop ship which is carrying soldiers to the allied front.

A committee of five physicians has been named by Dr. Webster S. Smith to assist the home service section of the Dayton Red Cross Chapter in providing medical, obstetrical and surgical aid for the families of men in the Army, Navy or Marine service. In addition to these duties the new committee will look into the provisions for care of tubercular parties at the National Military Home hospital.

Dr. Casper H. Benson of Columbus, Franklin County Tuberculosis Hospital, infirmary and jail physician, and Dr. S. A. Douglass, superintendent of the State Tuberculosis Hospital at Mt. Vernon, have sailed for Italy with a commission of 15 American physicians to assist in sanitation work. They will be engaged for about six months in special work in connection with that of the Red Cross Anti-Tuberculosis Unit to Italy.

Dr. Ralph H. Smith of Lancaster, Captain, M. O. R. C., reported for duty at Fort Hancock, August, Georgia, September 7.

Members of the Seneca County Medical Society entertained with a picnic at Port Clinton, August 21, in honor of Drs. R. C. Chamberlain, W. K. Chamberlain and J. A. Gosling, Tiffin physicians who have enlisted in the Medical Officers Reserve Corps. Lieutenants Chamberlain

and Chamberlain have reported at Fort Oglethorpe, Georgia, and Captain Gosling has been stationed at the base hospital at Camp Meade, Maryland.

Dr. Marion Whitacre of Cincinnati, Captain, M. O. R. C., is stationed at Camp Funston, Kan.

A letter received by friends of Dr. Frank Ayers of Celina, who is now serving with Base Hospital No. 7 in France, states that he is occupied with the care of 100 hospital cases, a prophylactic station, and the civilian sick in an adjacent village of 1,500. The local French physicians are all in army service and the sick are cared for by medical staffs of the hospitals. The hospital in which Dr. Ayers is located has a capacity of 800 patients, and for the present is used for convalescent patients.

Here's a joke on Dr. D. H. Moore, of Urbana, newly commissioned lieutenant in the Medical Officers Reserve Corps. He was perambulating down the streets of his home city in his new khaki uniform. Soldiers in uniform are not an uncommon sight on our streets nowadays, hence Lieutenant Moore was not especially attracted to a sturdy Sammie whom he approached. The soldier, however, had evidently been in service long enough to almost unconsciously pay the honor of saluting his superiors, and Sammie's hand went up in a peppery salute. The medical officer required a couple of seconds to realize that the salute was directed at him and after going through a few "fly brushing" stunts in which both hands came into play, he returned the salute properly. Now he gets all ready at first sight of a private.

DEATH OF DR. CROSSEN

Dr. Kossuth T. Crossen of Carbondale, Ohio, died recently as a result of wounds received on the battle fields of France. Dr. Crossen was a captain in the regular army service and some time ago was awarded a medal for distinguished service on the battle field. He refused to enlist as a physician, preferring to serve as a line officer. Dr. Crossen was in command of a bunch of "fighting fools," as he affectionately called them. His boys were in the thickest of the fighting. He was a graduate of Starling Medical College, Columbus, 1900; aged 40; a member of the Ohio State Medical Association and a Fellow of the American Medical Association.

An interesting development of the war has been the return to active practice of licensed physicians who in recent years have given up medical work for business pursuits. In one week recently two men in this class called at the office

of Executive Secretary Sheridan and indicated a desire to resume the practice of medicine, either in the Army or in the replacement of some man who might be released for Army service. Information from Washington is to the effect that these men—if they are able to pass a satisfactory examination—may be admitted to the sanitary corps.

Meet Lieut. Com. Moots of the United States Navy. Most of us know Charles W. Moots, surgeon of Toledo and former councilor of the State Association. We borrowed this photograph from



CHARLES W. MOOTS

a friend after Surgeon General Braisted had detailed Dr. Moots to represent the Navy at the October state meeting. Now that there will be no meeting—and consequently no Moots—we are presenting the photograph anyhow.

Dr. E. E. Gaver, medical superintendent of Rodebaugh Sanatorium, Columbus, has entered active Army service. During Dr. Gaver's absence Dr. W. D. Deuschle of Columbus will act as medical superintendent of the institution.

Dr. Thurman H. Lautenschlager of Youngstown, chief surgeon of The Sharon Steel Hoop Company, has resigned to accept a position in the department of rehabilitation and reconstruction with the government.

Recommended for Commissions

The following list includes the names of one hundred and ten Ohio physicians who were offered commissions in the Medical Officers Reserve Corps during the month of August. We call attention to the fact that the following is not a list of those who entered service in August, but merely a notation of those to whom the government offered commissions in that month.

James Earl Springer.....	Akron	1st Lt.
Norman Bellinger Osborne.....	Andover	1st Lt.
John William Harmon Beach.....	Arlington	1st Lt.
Joseph Omar Stout.....	Ashville	1st Lt.
Roscoe Steinfeld Edmunds.....	Barberton	1st Lt.
Cullen Ward Irish.....	Barberton	1st Lt.
Frank Bates Livermore.....	Barberton	Capt.
Clyde Wallace Kirkland.....	Bellaire	1st Lt.
Ellsworth Sheldon.....	Bloomdale	1st Lt.
Dorsey Wayland Fellers.....	Bloomville	1st Lt.
Malvin V. Replogle.....	Bryan	Capt.
David Amos Perrin.....	Chillicothe	1st Lt.
Charles Stacey Amidon.....	Cincinnati	1st Lt.
Hugh Alan Briscoe.....	Cincinnati	1st Lt.
John Fred DeCourcy.....	Cincinnati	1st Lt.
Thomas Hulick.....	Cincinnati	1st Lt.
Charles Walter Manss.....	Cincinnati	Capt.
Symmes Francis Oliver.....	Cincinnati	1st Lt.
Elmer William Schlemmer.....	Cincinnati	1st Lt.
Benjamin Coleman Willis.....	Cincinnati	Capt.
Sigmund Wolf.....	Cincinnati	1st Lt.
Austin Webster Holman.....	Circleville	1st Lt.
Russell Hall Birge.....	Cleveland	Major
Mose Emmett Blahd.....	Cleveland	Capt.
Edmund Raymond Bondy.....	Cleveland	Capt.
Edward Oliver Bonsteel.....	Cleveland	Capt.
William Evans Bruner.....	Cleveland	Major
Arnold Cohen.....	Cleveland	Capt.
Edgar Clarence Cowles.....	Cleveland	Capt.
Guy S. Bunbar.....	Cleveland	1st Lt.
Ernest Walter Garrett.....	Cleveland	1st Lt.
Arthur Frederick Hagedorn.....	Cleveland	1st Lt.
Henry Charles Luck.....	Cleveland	Capt.
Carl Lenze McDonald.....	Cleveland	1st Lt.
William C. D. Millhoff.....	Cleveland	1st Lt.
Oscar Herman Riemenschneider.....	Cleveland	1st Lt.
Ira Earl Seward.....	Cleveland	Capt.
Joseph Raymond Thompson.....	Cleveland	1st Lt.
Lloyd Vere Bates.....	Columbus	1st Lt.
Louis Morris Herskowitz.....	Columbus	1st Lt.
Charles William McGavran.....	Columbus	Capt.
George Henry Snyder.....	Columbus	1st Lt.
Clarence Benson Tanner.....	Columbus	1st Lt.
Guy S. Wilcox.....	Columbus	1st Lt.
Curtis Ginn.....	Dayton	Capt.
Jesse Grant Marthens.....	Dayton	1st Lt.
Arthur Otway Peters.....	Dayton	Capt.
Harry Albert Slusser.....	Dayton	Capt.
George Herman Wellbrook.....	Dayton	Capt.
George Elisha Winn.....	Defiance	Capt.
Harold Paul Timberlake.....	Demos	1st Lt.
Frank Flanneghan Davis.....	East Liverpool	1st Lt.
James Irwin Nisbet.....	Eaton	1st Lt.
Earl Emerson Furnas.....	Englewood	1st Lt.
William Dovey Maag.....	Frankfort	1st Lt.
Bertram Oliver Krelick.....	Fremont	Capt.
Clarence Ignatius Kuntz.....	Fremont	1st Lt.
Clyde Ray Kitsmiller.....	Fresno	1st Lt.
Mark Millikin.....	Hamilton	Capt.
Foye R. Trout.....	Jamestown	1st Lt.
Daniel Hunter Bowman.....	Kenton	1st Lt.
William Ernest Gernhard.....	Lakewood	Capt.
Henry Huffman Lowe.....	Leesburg	1st Lt.
Ralph Homer Smith.....	Lancaster	Capt.
James Leslie Cannon.....	Lima	Capt.
Waite Adair.....	Lorain	1st Lt.
George Wentworth Clark.....	Maumee	1st Lt.
Harold Heffron.....	Matamora	1st Lt.
Edward Otto Bauer.....	Middletown	Capt.
Harry Silver.....	Middletown	1st Lt.
Emery Alvin Bechtol.....	Montpelier	1st Lt.
Jasper William Jolley.....	Morrill	1st Lt.
Harry Edwin Dwire.....	Nevada	Capt.
Samuel Binz Hays.....	Newcomerstown	1st Lt.
Charles Hickman Harris.....	New Paris	Capt.
John Dorsey Knox.....	Niles	Capt.
Melvin Leighton Battles.....	Norwalk	1st Lt.
Louis Otto Saur.....	Norwood	1st Lt.
Oliver George Grady.....	Orrville	1st Lt.
George Forrest Barrett.....	Painesville	1st Lt.
Emerson Webster Fisher.....	Portage	Capt.
Arthur Aquilla Brindley.....	Port Clinton	1st Lt.
Orlando Davis Tatje.....	Portsmouth	1st Lt.
Henry Primm.....	Ravenna	Capt.
Burkert Clark.....	Shandon	1st Lt.
James Carson Fountain.....	Somerset	1st Lt.
Amos Richard Kent.....	Springfield	1st Lt.
Howard Cochran Lisle.....	Springfield	Capt.
Elwood Miller.....	Springfield	1st Lt.

Wade Kisinger Chamberlin.....	Tiffin	Capt.
Reginald Bertram Leister.....	Tiffin	1st Lt.
Charles Amos Burritt.....	Toledo	Capt.
Ernest Miller Collier.....	Toledo	1st Lt.
Irving Harry Hammer.....	Toledo	Capt.
Walter Henry Hartung.....	Toledo	1st Lt.
Oscar Hasencamp.....	Toledo	Capt.
Dalton Kahn.....	Toledo	1st Lt.
Edwin Francis Vetter.....	Toledo	1st Lt.
David Hunter Moore.....	Urbana	1st Lt.
Robert Lloyd Johison.....	Wadsworth	Capt.
Alexander Clyde Hunter.....	West Alexandria	1st Lt.
Allen Aldean Tombaugh.....	Williamstown	1st Lt.
John Isaac Davis.....	Wilmington	1st Lt.
John R. Davis.....	Woodruff	1st Lt.
Reginald Leo Cameron.....	Youngstown	Capt.
John Saunders Lewis, Jr.....	Youngstown	1st Lt.
Thurman Holmes Lautenschlager.....	Youngstown	1st Lt.
Leland Eldorns Phipps.....	Youngstown	1st Lt.
Wallace Wilberforce Ryall.....	Youngstown	Capt.
William Frederic Sealover.....	Zanesville	1st Lt.

Mobilization of Women Physicians for Anesthetic Service

Every effort is being made to keep war survey at top-notch efficiency and to provide every wounded American doughboy with safe, rapid and comfortable anesthesia both at the front and in the hospitals in Blighty.

In this connection Dr. F. H. McMechan of Avon Lake, Ohio, secretary of the American Association of Anesthetists, has received the following telegram from Washington:

"Proceed at once to secure qualified women physician anesthetists under 45 years of age, of mental poise, as well as young women graduates, who are competent for such service.

(Signed) Dr. Franklin Martin,

Per Dr. Emma Wheat Gillmore,
Chairman, Women Physicians Committee,
Council National Defense—Medical Section."

Those women physicians who are qualified for anesthetic service, or who are competent to be intensively trained, are requested to get in touch with Dr. McMechan at once.

Orders to Ohio Physicians in Service

To Ann Arbor, Michigan—Lieutenant A. E. Kiser, Cincinnati.

To Belleville, Illinois—Lieutenant A. J. Shoemaker, Columbus.

To Camp Beauregard, Louisiana—Captains G. F. Glass, Cleveland; H. S. Maxwell, Lisbon.

To Camp Cody, New Mexico—Lieutenant M. H. Shipley, Cleveland; Captain W. F. Lauterbach, Dayton.

To Camp Crane, Allentown, Pennsylvania—Lieutenant O. E. Townsend, Cleveland; Captain P. J. Bidwell, Toledo; Major F. C. Herrick, Cleveland.

To Camp Custer, Battle Creek, Michigan—Lieutenants A. H. Calhoun, M. P. Motto, Canton; P. C. Colegrove, Oberlin; E. J. Curtiss, Lima.

To Camp Devens, Ayer, Massachusetts—Lieutenant L. E. Kerr, Toledo.

To Camp Dix, Wrightstown, New Jersey—Lieutenants J. C. Staats, Cincinnati; W. L. Lathrop, Metamora.

To Camp Gordon, Georgia—Lieutenant A. H. Berr, Cleveland.

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To Camp Hancock, Georgia—Lieutenants N. B. Osborne, Andover; J. F. DeCurey, Cincinnati; R. G. Follansbee, Cleveland; G. A. Parillo, Girard; B. Clark, Shandon; F. L. Rhodes, Toledo; E. C. Goldcamp, Youngstown; Captains R. H. Smith, Lancaster; J. C. McGinnis, Martins Ferry; J. D. Knox, Niles; L. C. Grosh, Toledo.

To Camp Joseph E. Johnston, Florida—Lieutenant J. H. Poulton, Springfield; Captain L. B. Goodyear, Toledo.

To Camp Kelly, Texas—Captain M. H. Urner, Cincinnati.

To Camp McClellan, Alabama—Lieutenants S. W. Saxton, Steubenville; A. M. Schaeffer, Lancaster.

To Camp Meade, Admiral, Maryland—Lieutenant F. J. J. Lehmann, Toledo; Captains J. A. Hurt, H. L. Taylor, Cleveland; A. M. Steinfeld, Columbus; J. A. Gosling, Tiffin.

To Camp Perry, Ohio—Lieutenant G. R. Wilkins, Cleveland.

To Camp Sheridan, Alabama—Lieutenants E. T. Robinson, Cleveland; F. C. Payne, Springfield; C. R. Kitsmiller, Fresno; W. A. Deerhake, St. Marys.

To Camp Sherman, Ohio—Captain G. C. Sul-

livan, Dayton; Major R. H. Birge, Cleveland.

To Camp Upton, New York—Lieutenant L. W. Krauss, Cleveland.

To Camp Wheeler, Georgia—Lieutenant R. J. Gieseler, Cincinnati.

To Camp Zachary Taylor, Kentucky—Lieutenants F. B. Cross, Cincinnati; J. H. Chalut, Cleveland; L. F. Derfus, Salem.

To Central Department—Captains F. C. Lee, Cleveland; W. M. Metzler, Van Lue.

To Fairfield, Ohio—Lieutenant J. G. Marthens, Dayton.

To Fort McHenry, Maryland—Captain M. G. Baldwin, Toledo.

To Fort McPherson, Georgia—Lieutenant C. H. Hyman, Payne.

To Fort Meyer, Georgia—Captain I. H. Hunter, Toledo.

To Fort Monroe, Virginia—Lieutenant N. C. Mayer, Cleveland.

To Fort Niagara, New York—Lieutenant W. E. Kneale, Akron.

To Fort Oglethorpe, Georgia—Lieutenants W. J. Smith, Arcanum; J. O. Stout, Ashville; R. E. Stepfield, Barberton; J. L. Saddler, Bay Village; H. L. Wells, Cambridge; A. M. Shafer, Canal Fulton; T. A. Spitler, Carey; E. I. Fogel, H. C. Wayble, S. Wolf, Cincinnati; R. S. Dinsmore, J. R. Monihan, H. S. Thompson, Cleveland; L. M. Herskowitz, E. Huffer, H. C. Waite, G. H. Snyder, Columbus; G. S. Wilcox, Columbus

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THE report from the Laboratory of Physiological Chemistry of Jefferson Medical College, the Philadelphia General Hospital, and the Roosevelt Hospital, New York, of an investigation by Philip B. Hawk, Ph.D., and associated physicians, of the uses of yeast in diseases of the skin and of the gastro-intestinal tract, states:—

“In all our tests we used FLEISCHMANN’S COMPRESSED YEAST, as that is the best known and most widely used yeast.”

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The physician will be able to use scientific precision in prescribing the dosage. This can not be had in the same degree in any other yeast that has been used for medicinal purposes.

Of seventeen cases of furunculosis, all but one of the patients were improved or cured. Of ten cases of constipation, nine were improved or cured. All cases of acne vulgaris and acne rosacea were improved or cured.

Fleischmann’s Compressed Yeast, identical with that used by Dr. Hawk, may be secured fresh, daily, in most grocery stores. Or, write The Fleischmann Co. in the nearest large city, and it will be mailed direct on days wanted.

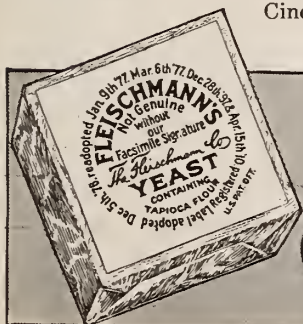
The results of the tests are so important that the report (Journal A.M.A. Vol. LXI., No. 15), reprinted in convenient reference form, with added matter on the production of the yeast, has been distributed to physicians everywhere. If not now in your files, a copy of this pamphlet may be had upon request.

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To Fort Omaha, Nebraska—Lieutenant M. L. Smith, Urbana.

To Fort Riley, Kansas—Lieutenants J. H. Ralston, Bedford; G. H. Reeve, Cleveland; E. C. Nehls, South Charleston; Captain J. Fauster, Paulding.

To Governors Island, New York—Lieutenant C. S. Cavett, North Baltimore.

To Hampton, Virginia—Lieutenant R. K. Finley, Xenia.

To Hoboken, New Jersey—Major F. Winders, Columbus.

To Hot Springs, North Carolina—Lieutenant R. B. Stevenson, Columbus.

To New Haven, Connecticut—Lieutenant J. H. Warvel, Bradford; Captain C. W. Thompson, Cleveland.

To Newport News, Virginia—Lieutenants H. B. Cloud, Canton; G. F. Bowman, Toledo.

To New York City—Lieutenants M. S. Griffiths, Batavia; G. W. Miller, Columbus; B. B. Neubauer, Cleveland; Captains U. K. Essington, Newark; F. E. Cutler, Cleveland.

To Otisville, New York—Lieutenant W. F. Bay, Columbus.

To Pittsburg, Pennsylvania—Captain R. R. Hendershott, Tiffin.

To Rochester, New York—Lieutenant B. H. Gillespie, Akron.

To Syracuse, New York—Lieutenant F. B. Snodgrass, Kenton; C. A. Faller, Cincinnati.

To Washington, D. C.—Lieutenant D. H. McDonald, Cleveland; Captain W. C. Gates, Bucyrus. Major H. B. McIntyre.

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This serologic test is the very best means of determining the presence or absence (cure) of chronic gonorrheal infection.

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Draft Doctors Exempted

Provost Marshal General Crowder has issued orders directing all draft boards to exempt examining physicians who are necessary to the work of conducting the selective service plan. The doctor is a vital factor in the machine that is producing the greatest civilian army the world has ever known.

Dr. Charles S. Hamilton, aide to Governor Cox, who is the directing head of the medical features of the draft in Ohio, made a careful survey of the medical personnel of the 155 Ohio boards immediately following this order. Where he found that the work could be done by an older physician, ineligible for military service, he made the change and released the younger man.

If the Army needs continue to grow, similar readjustments will be necessary in every branch of practice.

War Work for Young Men

The Surgeon General's Office, War Department, has issued an urgent call for young women to serve in reconstruction hospitals at home and abroad. The Normal School of Physical Education, Battle Creek, Michigan, which is affiliated with the Battle Creek Sanitarium, wishing to do its share toward winning the war, has inaugu-

rated a course in physiotherapy, which meets the requirements of the War Department. Courses begin October 1st and February 1st. Length of course is four months. The curriculum consists of anatomy, physiology, hygiene, bandaging, active and passive movements, hydrotherapy, massage, electrotherapy and clinics.

The medical profession is asked to direct the attention of young women who are planning to engage in war work to this unusual opportunity.

Further information may be obtained from Frank J. Born, M. D., Director of the School.

Novel Health Propaganda

In the form of a small pamphlet entitled "Health First Reader," the Anti-Tuberculosis League of Kenton County, Kentucky, has found a novel means of impressing on young children the necessity of observing health rules. The pamphlet is profusely illustrated with colored pictures and the rules are set forth in jingling little verses. The state of Kentucky has published an edition of 125,000 copies to be used as text books in the lower grades and the Cincinnati school board has also adopted the book. In less than 100 lots the price of the pamphlet is 10 cents each; in 100 to 1,000 lots they may be procured for five cents each.

ANNOUNCEMENT EXTRAORDINARY

This is War Time.

The Medical Profession is affected to an extent greater than is any other specially trained class.

Physicians in civil life and those in military service are tied down by routine work. Only to few is it possible to visit regularly Clinics, Hospitals or Laboratories. Time and expense prevent.

It is now more essential than ever that physicians keep familiar with the advances made in Clinical Medicine.

Unusual Conditions, professionally, must be met by unusual remedies:

IF THE PHYSICIAN CANNOT VISIT THE CLINIC, THEN THE CLINIC MUST BE BROUGHT TO THE PHYSICIAN.

To perform this service, a New Type of Publication has been devised. It is titled

QUARTERLY MEDICAL CLINICS

The first number will appear November 1, 1918, and subsequent numbers every quarter.

QUARTERLY MEDICAL CLINICS records actual, consecutive Clinical Demonstrations and Lectures (Detailed Case Reports, Clinical and Laboratory Methods—properly interpreted—Differential Diagnosis, Pathologic Reports, Autopsy Findings and Treatment in full) generously illustrated, as conducted for Physicians and Students at Augustana Hospital, Chicago, by FRANK SMITHIES, M.D., F.A.C.P., Associate Professor of Medicine, College of Medicine, University of Illinois; Gastroenterologist to Augustana Hospital; Formerly Gastroenterologist at Mayo Clinic, and Instructor in Clinical Medicine at the University of Michigan.

You may have QUARTERLY MEDICAL CLINICS delivered to you regularly at very small cost: \$5.00 annually, bound in Paper; \$8.00 annually, bound attractively in Cloth. Single copies: Paper bound, \$1.50; Cloth bound, \$2.25. Each number of QUARTERLY MEDICAL CLINICS will comprise about 200 pages of useful, clinical material. No advertisements will appear. You cannot afford to miss a single number.

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DEATHS IN OHIO

Frank Porter Ames, M. D., Cleveland University of Medicine and Surgery, 1896; aged 66; died at his home in Rockland, July 3, of heart disease. Dr. Ames was born in Rockland and made his home in that vicinity during his entire life. One sister survives.

George D. Brinkman, M. D., Starling Medical College, Columbus, 1886; aged 64; died August 19, from apoplexy with which he was stricken while visiting a patient. Dr. Brinkman had practiced in Springfield for 30 years. He is survived by his wife, one daughter and one son, Dr. George F. Brinkman of Cincinnati.

John Sidle Burnett, M. D., Ohio Medical University, Columbus, 1897; aged 52; member of the Ohio State and Summit County Medical Societies; died August 26, from injuries sustained when he fell from a bicycle upon which he was taking a few minutes' recreation. Dr. Burnett came to Akron eighteen months ago from Shreve, where he had practiced for 22 years. He is survived by his mother, wife, two daughters and one son.

Edwin Luther Carlton, M. D., Starling Medical College, 1865; died at his home in Columbus, September 5, of heart trouble. Dr. Carlton practiced medicine at Canal Winchester for 16 years before moving to Columbus last October. He was a veteran of the Civil War. Surviving are his wife, one son, Dr. J. S. Carlton of Columbus, and five daughters.

George K. Ewing, M. D., College of Physicians and Surgeons, Baltimore, 1881; aged 61; died at his home in Ewington, August 17, of cancer of the stomach after an illness of several months. He leaves a wife, four sons and four daughters.

Abilla J. Fisher, M. D., Cleveland University of Medicine and Surgery, 1895; aged 60; died in Cleveland, August 23, of pneumonia. Dr. Fisher was a practitioner of Painesville for many years.

Meyer L. Heidensfeld, M. D., Medical College of Ohio, Cincinnati, 1895; aged 46; member of the Ohio State Medical Association and Fellow of the American Medical Association; died September 7, at Cincinnati Jewish Hospital. Dr. Heidensfeld had not been in good health for some years. He had gone to Michigan for a rest when his last illness came upon him and died shortly after arriving in Cincinnati. Dr. Heidensfeld was a prominent figure in the dermatological field. For some years he was associated in practice with Dr. A. Ravolgi and six years ago

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succeeded Dr. Ravolgi as head of the Dermatological Department of the University of Cincinnati. He was also a member of the staffs of Cincinnati General and the Jewish Hospitals at the time of his death. The comment of a Cincinnati colleague bespeaks the esteem in which he was held by his profession: "Dr. Heidingsfeld lived in deeds, not in years. Measured by that standard he lived very long. His many and great contributions to the science he loved so well will help future generations. He was a great student and a great physician." Surviving are his widowed mother, two brothers and one sister.

John Howard Landis, M. D., Medical College of Ohio, Cincinnati, 1889; died at Christ Hospital, Cincinnati, August 23, of chronic kidney trouble. Dr. Landis was born at Millville, Ohio,



October 10, 1860, the son of Dr. Abraham H. and Mary Landis. Surviving him are his wife, one daughter and three brothers, two of whom are ex-congressmen from Indiana and the third is Federal Judge Kenesaw Mountain Landis of Chicago.

In 1909 Dr. Landis became a member of the Cincinnati Board of Health and a year later succeeded Dr. Mark A. Brown as executive of the board, a position in which he gained national recognition. The following memorial resolutions, adopted by the board, outline his many activities and embody expressions of appreciation typical of those heard throughout the country:

"Our very efficient health officer, Dr. J. H.

Landis, died yesterday morning. By his death the city of Cincinnati is robbed of one of its very best officials and the medical profession of a shining mark. It can rarely be said of a man that he perfectly fits the position that he has occupied. Of Dr. Landis it can, however, be truthfully said, that he was the man for the place. Morally, mentally and socially he found his niche. He was a man of many fine attainments. He was an eloquent speaker, a great student, and always abreast of the times. As an executive officer his ability was unquestioned. He was held in the highest regard by the men who worked under him. His writings, which were numerous, were copied everywhere by those who were interested in those things dear to his heart. Everything that he undertook he entered into with vim and vigor, which always brought victory. He has filled many honorable positions, besides that of health officer. He was president of the Academy of Medicine, physician at St. Mary's Hospital and professor of hygiene at the Ohio-Miami Medical College. He was also a member of many medical societies, local and national. His services as a speaker were in great demand at medical meetings. And in no case did he disappoint his hearers. His manner, voice and clarity of diction made him easy to listen to and understand. His honesty of purpose, strength of character and unswerving faith in doing what he thought right, made him a tower of strength in all his undertakings. It can be truly said of him: 'Well done, thou good and faithful servant.'"

Dr. Landis' medical affiliations were numerous. He served as director of the Visiting Nurse Association of the Council of Social Agencies and was a member of the commission on National Milk Standards of the American Medical Association. He was a member of the Ohio State Medical Society, and last year was president of the Cincinnati Academy of Medicine. He also was a member of the Cincinnati Obstetrical Society, the American Public Health Association, the Society for the Study of Inebriety (British) and a member of the Omega Upsilon Phi fraternity. Dr. Landis was a major in the Cincinnati Home Guard organization and one of his last endeavors was the establishment of the medical branch of the guards.

Ramsey L. Hyde, M. D., Columbus Medical College, 1886; aged 59; died in his office at Piqua, August 24, of apoplexy. He is survived by a sister, one son and one daughter.

Daniel F. Kindel, M. D., Medical College of Ohio, Cincinnati, 1901; aged 40; member of the Ohio State Medical Association; died at his home in Cincinnati, September 6, after three weeks' illness. Dr. Kindel leaves a widow and two sons.

Horace Lester Kutchin, M. D., University of Tennessee, College of Medicine, Memphis, 1884;



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Rush Medical College, Chicago, 1886; aged 62; died of complications, September 2, at Mt. Carmel Hospital, Columbus, where he had undergone an operation.

Walter C. Taylor, M. D., Starling Medical College, Columbus, 1898; aged 52; member of the Ohio State Medical Association and Fellow of the American Medical Association; died at his home in Springfield, September 12, after a lingering illness. Dr. Taylor had served many terms as treasurer of the Clark County Medical Society with a high degree of efficiency and at the time of his death was president of that organization. His wife and one son survive.

Joseph M. Topmoeller, M. D., University of Munich, Germany, 1880; aged 63; member of the Ohio State Medical Association, died at his home in Cincinnati, August 26, from nervous prostration. Dr. Topmoeller is survived by four sons three of whom are physicians—Drs. William Topmoeller, George Topmoeller and Robert Topmoeller of Cincinnati.

Granville S. Wellons, M. D., Medical College of Ohio, Cincinnati, 1863; aged 84; died at his home in Barnesville, August 25, of heart trouble. After graduating from Ohio Medical College Dr. Wellons enlisted as a surgeon in the 91st Ohio Volunteer Infantry and served until the close of the Civil War, when he began the practice of medicine in Barnesville. He is survived by his wife, one daughter and one son, Dr. James W. Wellons of Barnesville.

Oscar C. Whitacre, M. D., Eclectic Medical College, Cincinnati, 1896; aged 61; died at the Bookwalter Hotel, Springfield, August 26, of apoplexy. Dr. Whitacre had practiced in Springfield since the year of his graduation. He leaves his wife and three sons, one of whom is Dr. G. D. Whitacre, who has been associated with his father in the practice of medicine for the last few years.

Marriages in Ohio

Lieutenant Lauren Guy Sheets, M. R. C., and Miss Coletta M. Greulich, both of Cleveland, at Rochester, July 13. Dr. Sheets is now on duty at the Mayo Clinic, Rochester, Minnesota.

Lieutenant E. C. Schoolfield, M. R. C., and Miss Blanche M. Featherstone, both of Cleveland, recently. Dr. Schoolfield is now on duty at Denton, Texas.

Dr. C. W. McGavran of Columbus has been commissioned a captain in the Medical Officers Reserve Corps and assigned to the base hospital at Camp Shelby, Hattiesburg, Mississippi.

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Dr. W. R. Wall, Cleveland, Ohio, was driving on an oiled boulevard when his car skidded and "turned turtle," killing the doctor instantly.

He had paid the P. C. A. a total of \$103.00, for which his widow received \$5,000.

None of these doctors had any more reason to anticipate death by accident than you have now, but doubtless the amount paid to the P. C. A. proved the wisest investment they ever made. In sixteen years the cost has never exceeded \$13.00 per year.

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Let's Catch Up with the Procession

Reports received by the Ohio commission studying sickness prevention shows how far two countries associated with the United States in the world war are ahead of America in the care of the health of school children. These countries are England and Japan.

In Japan 16,040 out of 20,208 elementary schools have school physicians of their own. Year by year the number of schools having their own physicians is increasing at a rapid rate, and special research in ailments among school children is made a feature.

More than one-third of the school physicians in Japan have only one school under their charge. These physicians keep very careful trace of physical development, as well as of cure of defects, listing the children into three classes, strong, medium and weak.

Draft revelations show that one out of every four young men are physically unfit to bear arms. It is estimated that in the United States there are 15,000 children below the physical standard. Ohio's proportion is placed at 750,000.

The Ohio commission has not announced that it will favor medical inspection by physicians for all schools, but if it will be guided by what other countries have done with such success in this way, it will ask the state to provide schools with physicians.

Issue Smallpox Warnings

The State Department of Health during late August and September waged an energetic campaign to stimulate vaccination—calling attention to the epidemic which the state passed through last year at this time.

The department pointed out that last year's epidemic—the worst in ten years—was due primarily to the general failure of the people of the state to protect themselves by means of vaccination. A similar situation can be expected during the coming fall and winter if this neglect is continued.

The usual increase in smallpox prevalence as the weather grows colder is attributed by health authorities to the fact that people spend more time indoors, crowded together under conditions which promote contagion. The residue of smallpox which persists during the summer is likely under such conditions, it is pointed out, to serve as the beginning of a new outbreak among persons who chanced to escape the disease the previous winter and who have neglected vaccination.

Recent vaccination, according to the State Health Department, is a practically certain safeguard against smallpox. Since last September, during which time there have been more than 11,000 cases of smallpox in Ohio, only one case has been recorded in which the patient had recently had a successful vaccination.

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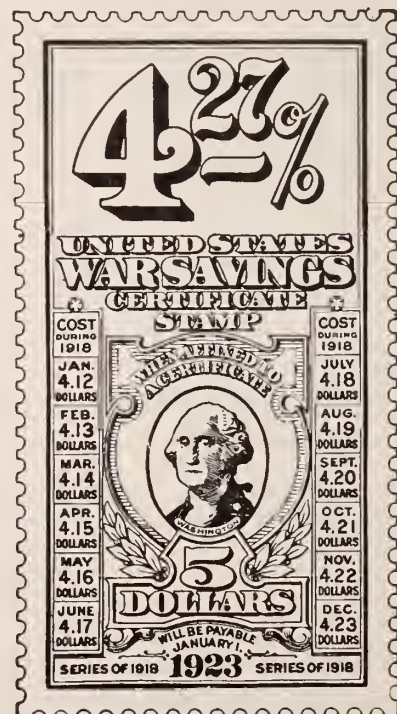
Q Session opens Sept. 26, 1918; closes June 12, 1919. Tuition, \$150.00.

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In view of the important and different systemic effects of the sodium and potassium salts in the diet of the infant, we have prepared Mead's Dextri-Maltose (malt sugar) for infants in two forms as follows:

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For use in ordinary feeding cases.

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COUNTY SOCIETIES

FIFTH DISTRICT

Ashtabula County Medical Society held its regular meeting September 10, at the Ashtabula General Hospital. Communication was read from State Department of Health urging the society to take action regarding a tuberculosis hospital in the district, comprising Lake, Ashtabula, Geauga and Trumbull counties. A committee of two, consisting of J. J. Hogan of Ashtabula and E. A. Childs of Geneva, was appointed to interview the county commissioners, and to communicate with the medical society of each of the other three counties in the district. The secretary was instructed to write to the medical society of each of the three other counties in the district, urging them to take action, if they have not already done so and to report at the earliest possible moment, naming committee. Applications of I. H. Pardee of Ashtabula and E. T. Hurley of Conneaut, for membership, were submitted and approved by censors and accepted by society.—Bernice A. Fleek, Correspondent.

SIXTH DISTRICT

Summit County Medical Society met, September 3, in Akron, with an attendance of 39 from Cuyahoga Falls, Kenmore, Akron and Barberton. Twelve applications for membership were presented. The program: "Ohio State Venereal Disease Regulations," M. D. Miller, City Epidemiologist; "Hospital Records," Rose Steinmetz, Superintendent Children's Hospital; Emma Donnenworth, Superintendent Peoples' Hospital, and Belle Maggi, Superintendent Barberton Hospital; "Volunteer Med. Service Corps," C. W. Millikin and A. S. McCormick. Case Reports were presented by D. H. Morgan, A. G. Gould and A. S. McCormick.—A. S. McCormick, Secretary.

Portage County Medical Society held its regular August session at the residence of Dr. S. U. Sivon, Ravenna, on the 12th. Eleven were present, including three visiting physicians from Akron. Dr. J. J. Orton of Randolph read an exhaustive paper on "Puerperal Eclampsia," and Dr. Jay D. Smith of Akron read a paper on "The Value of Pain in Abdominal Diagnosis." Both papers were well received and freely discussed. The next meeting will be held at the office of Dr. S. L. Sloane, Ravenna, in November.—W. B. Andrews, Correspondent.

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State Medical Board Uncovers Illegal Practices in Cleveland

A network of illegal medical practices ranging from dark magic and "voodooism" to administering of fake treatments and usurpation of physicians' and trained nurses' functions by midwives, in some cases with the connivance of doctors, has recently been uncovered in Cleveland by representatives of the State Board of Medical Registration.

The investigation, conducted in co-operation with City Chemist Wilbur White, revealed the fact that many persons were fleeced by "voodooists" who claimed supernatural powers to cure all ailments; that these fakers operated extensively among those of foreign birth; that many midwives had added the entire field of medicine to their profession and has caused the death of at least one mother and baby.

Some of the imposters have been convicted, others either have left town or have ceased activity, while others are still defying the authorities. It is reported that the enormous fees charged have made this work so remunerative as to make possible sumptuously furnished homes, automobiles and private chauffeurs, at the expense of poorly informed sick families who can little afford to pay.

Among typical cases where such persons took advantage of the misfortune of gullible individ-

uals to enrich themselves, the following are cited by the officials:

"An Italian, represented as a former clergyman, has a wide reputation in the Italian settlement for being gifted with powers to cure all sickness and perform many miracles.

"One of his victims, afflicted with blood poisoning in his hand, when he first consulted the miracle worker, was treated for his ailment by mysterious gestures and conjuring over two colored candles. When the man demanded to know if that was all he would get for his money, he was advised to walk three times around Erie street ceme'tery at the magic midnight hour, but without speaking to anyone. Later, to impress the patient who was becoming skeptical, the alleged former clergyman, by using a large dog as an assistant, pretended to transform himself into a dog.

"After repeated similar consultations, the patient had to be taken to the City Hospital, where his whole arm had to be amputated because of lack of prompt medical treatment.

"In another case, a midwife called into a confinement case repeatedly administered 'doses of black medicine,' and later when the patient's condition was becoming serious and she had called in a physician of her acquaintance, she admin-

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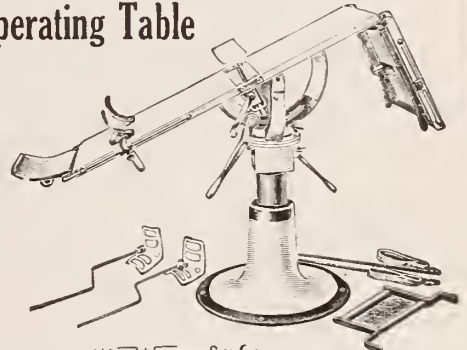
Refer to Dr. Sherman's article, Surgery, Gynecology and Obstetrics, March, 1917, on The Carrel Method of Wound Sterilization

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During the campaign in progress this month you should arrange to contract for all the bonds you can possibly pay for during the next four months.

To the physician, whose opportunities for safe investment are limited, Liberty Bonds present a chance that none but the fool and investment dupe will overlook.

DOCTORS' COLLECTIONS

To Our Friends and Patrons:

The growth of business of the Medical Department of the Publishers Adjusting Association has been so large that the officers have deemed it expedient to change the name of this department to the **PHYSICIANS AND SURGEONS ADJUSTING ASSOCIATION**, effective at once. The same efficient **COLLECTION SERVICE** will be given under the new name as applied under the old. The same financial reliability applies, as the new organization is owned and operated by the **PUBLISHERS ADJUSTING ASSOCIATION** incorporated, with seventeen years experience in the collection of delinquent accounts. A modified contract, with commissions as low as 25%, is now effective and will appear in this space in the next issue of this Journal. Physicians and surgeons having delinquent accounts for collection are invited to investigate our **SERVICE** and send us their accounts. *Yours for service*

PHYSICIANS AND SURGEONS ADJUSTING ASS'N.,

Dept. G., Railway Exchange Bldg., Kansas City, Mo.

istered the anesthetic, both violations of law. Later, after an operation had failed, the physician and midwife left the house. Another doctor, called the next day, found the case beyond help and refused to take charge. Two days later, when the first physician returned after being notified by his colleague, he found the woman dead.

"As an example of the length to which some of the midwives go beyond their prescribed functions, the one connected with the above case has received over \$300 for treatment of a West Side man for insanity. The treatment consisted of pouring cold water on his head."

Revocation of state licenses of doctors and midwives found guilty of these illegal practices will be recommended by the State Board of Medical Registration.

BIRTH REGISTRATION

A very material improvement in birth registration in Ohio is reported by the Federal authorities. During the first six months of 1916 there were 56,973 births, with a rate of 21.9. During the same period of 1917 there were 56,259, with a rate of 23.4. In 1918 there were 62,773 births during the first six months, which is a rate of 24.1.

Dr. John E. Monger, the state registrar, has been asked by the Federal officials to advise other state bureaus as to means adopted in Ohio for securing this excellent result.

Model Office Building

There has been erected in Dayton one of the finest and most complete office buildings in the United States, at the corner of Main and Fifth streets. It is designed and constructed solely for the proper housing of physicians and dentists. The office rooms on each floor are built around three large general reception rooms, which rooms face on the inner lobby.

The chief attraction of the building from a medical standpoint is the second floor. Opening off the central lobby is a large lecture hall (44x46 feet) with moving picture booth and every facility for an ideal meeting arrangement for medical societies. Immediately adjoining this is the large medical library room 22x33 feet, and a good sized committee room. Beyond this lies a prescription drug store—designed to serve the prescription trade rather than the soda fountain clientele—and a barber shop.

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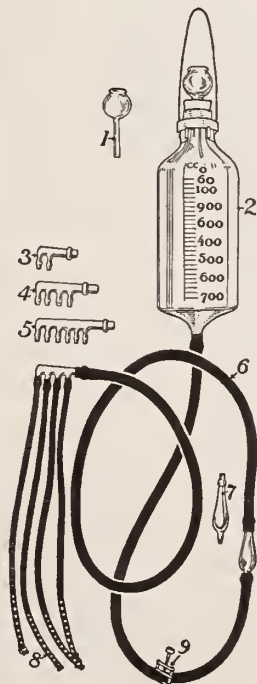
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Venereal Prophylactic Regulations

Dr. Harold N. Cole of Cleveland, director of the recently established bureau of venereal diseases of the state department of health, asks us to call the attention of the profession to the rules for administration of early prophylactic treatment against syphilis and gonorrhea which have been established by the United States Public Health Service.

Dr. Cole calls our particular attention to the manual on the treatment of venereal diseases published by the American Medical Association. In this connection he says: "This little book of some seventy-five pages costs but twenty-five cents and is one of the most valuable publications of this kind ever written. It should be in the library of every physician." The rules as announced by the Public Health Service are as follows:

"Every extra-marital intercourse is to be regarded as an exposure to venereal infection and the so-called prophylactic treatment is really early treatment given without waiting for definite diagnosis.

GNORRHEA (MALE)

"1. Wash the genitals with soap and water, followed by a 1-2000 bichloride solution. Dry the parts thoroughly.

"2. Empty the bladder.

"3. Inject into the urethra a 2% protargol

solution, or a 10% argyrol solution freshly made. Hold in the urethra five minutes. Urinate at the end of this time.

SYPHILIS

"Immediately after the prophylactic treatment for gonorrhea above described, anoint the whole penis, especially the glans, corona, and foreskin, and also the anterior portion of the scrotum, with 33 1/3% calomel ointment, rubbing in thoroughly, taking at least ten minutes for the operation. Cover with oiled silk or wax paper, and allow to remain for several hours before washing the parts. Since the water content of the base renders the calomel more active, it is important that the ointment be made with lanolin instead of the fats usually employed for salves. Care should be exercised that the lanolin is not anhydrous."

STANDARD FOR TREATMENT OF VENEREAL DISEASES (DIAGNOSED CASES)

No definite rules will be laid down relative to the manner of treating diagnosed venereal diseases. It is, however, desirable to follow universally recognized standard methods, rather than personal idiosyncracies. It is suggested that the Manual of Treatment of the Venereal Diseases, published by the American Medical Association and issued by the Surgeon General, Army, be used as a guide for the treatment of these cases.



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This is a splendid apparatus for the general practitioner, as it makes it possible to install an x-ray laboratory—including, in addition to the "Universal, Jr." transformer, the highest quality combination stereoscopic table and stand, a stereoscope, an x-ray tube, intensifying screen, dark room accessories, x-ray plates, etc.—an equipment capable of turning out the finest radiographic work of all parts of the body, for less than \$1400.00 on the alternating current and \$1460.00 on the direct current.



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NEWS NOTES OF OHIO

Cleveland—Dr. J. E. Allport has moved from this city to Hudson, Summit County.

Fremont—Dr. Daniel W. Philo, who underwent an operation at St. Vincent's Hospital recently, is reported to be convalescent.

Cleveland—Dr. Arthur Winter was arrested, September 4, charged with making utterances against the government and in favor of Germany.

Camp Chase—Dr. W. F. Ong has returned from Blue Field, West Virginia, where he went recently to become medical examiner for the Norfolk Railway.

Columbus—Dr. William C. Heintz is filling the unexpired term of Dr. L. M. Herskowitz, who resigned his position as county coroner recently to enter active military service.

Toledo—Dr. N. H. Young, formerly of this city, has moved from Fort Steilacoom, Washington, to Puyallup, Washington, where he is employed at the Puget Sound Sanitarium.

Cincinnati—Dr. Wade MacMillan has assumed his duties as medical director of Miami University, Oxford, an institution he attended before studying medicine. He has medical supervision over 1,000 students.

Akron—While examining the finger of a young man caller for a supposedly imbedded needle, Dr. Louis J. Wise was struck on the head by the man's companion and rendered unconscious. On retaining consciousness he found that he had been relieved of \$5.

Wooster—The body of Dr. R. E. McCollough, of Flint, Michigan, a graduate of Starling Medical College in 1898 and a former resident of Newark, was interred here August 31. Dr. McCollough was almost instantly killed when run down by a passenger train August 28.

Columbus—Dr. J. L. Johnson, colored physician of this city, has been named by President Wilson as minister resident and consul general to Liberia. Before coming to Columbus in 1914 Dr. Johnson was secretary of the combined normal and industrial department of Wilberforce University.

Cleveland—Dr. Ben L. Reitman, Socialist and former associate of Anarchist Emma Goldman, was released from custody, August 31, after serving five and one-half months in the Warrensville workhouse for spreading birth control propaganda here. He was originally sentenced to serve six months and pay a fine of \$1,000, but was released after serving five months and a half and paying \$300.



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A Flaked Cereal Dainty

80% Wheat Product Including the
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A breakfast dainty whose flavory flakes hide 20 per cent unground bran.

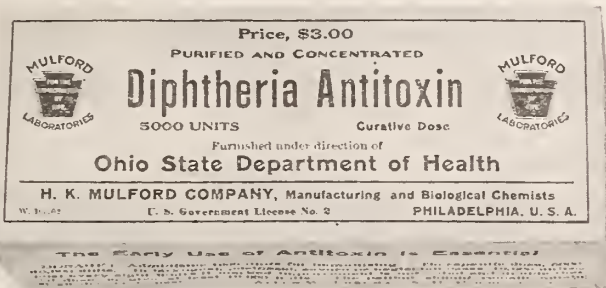
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(1941)

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1000 units	- - - - -	\$0.75
5000 units	- - - - -	3.00
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This Antitoxin is furnished at above prices to all physicians, for general practice as well as for local Boards of Health, hospitals and other institutions.

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Editorials

Volunteer Medical Service Corps and The Journal A. M. A.

Ohio's response to the call of the Volunteer Medical Service Corps was wonderful.

A bulletin issued by the Council of National Defense shows that on October 1 more than 3,400 Ohio physicians had applied—pledging themselves to meet any call that their government might issue. Since then the number has been increased to 4,000.

This response was far ahead of that by any other state. Illinois, with three times as many physicians, was second, with only 1,800 applications. New York was third, with less than 1,000. Pennsylvania, despite a generous response from Philadelphia and Pittsburgh, was a poor fourth.

In perhaps twenty Ohio counties every doctor either is in some branch of active military service, or has applied for membership in the civilian organization.

There has been considerable bickering at Washington as to the new corps, but the Government certainly indicated that it meant to use it when, early in October, it issued a call through the organization for volunteers from its ranks to fight the epidemic influenza. The call for fifty physicians as Ohio's quota came to Dr. Charles F. Clark, chairman of the executive committee of the Ohio organization. In twenty hours the quota was forthcoming, and a few hours later the men were on their way to Boston to report for duty.

This initial demand on the organization clearly indicates its field of usefulness, and is worthy of attention inasmuch as it illustrates the procedure which the government evidently plans to follow in calling on the civilian profession for war work.

In this connection it is impossible to ignore the unusual attitude of The Journal of the American Medical Association toward this movement to organize the resources of the civilian doctors for war work.

For a long time this journal remained absolutely silent—seeming to studiously ignore any reference to the organization, although it was engaging the attention of many members of the A. M. A. throughout the country. During the period in which we in Ohio, through the office of our State Association, were working at top speed to carry out the directions of the Medical Section of the Council of National Defense, The Journal A. M. A. paid not the slightest attention to the work. Instead, its editor waited until Ohio and most of the other states had perfected plans for making the new Corps effective, and then brought the journal into an antagonistic attitude. Even then he did not come out openly and state his

reasons for disapproval; instead, he endeavored to belittle the effort and to give the impression that it amounted to nothing.

Those who are familiar with the inner workings of medical politics attribute the suddenly hostile attitude of *The Journal A. M. A.* to a personal feud between two men. Because the one originated the plan and put it into operation, the other opposed. All of which reminds us of our very early youth.

* * *

Here in Ohio we are not concerned with personalities. We are not particularly enamoured of the Volunteer Medical Service Corps plans; in fact, some glaring weaknesses have developed. But we are vitally interested in the development of some plan, national in scope and with federal authority behind it, that will aid in calling to the Army the doctors who can be spared best, and will keep at home those who are essential to community and institutional needs. In the first six months of the war we got a most unpleasant taste of the haphazard system. Doctors flocked to the colors on a hit-or-miss basis, with the result that many slackers were permitted to escape while many men volunteered who should have stayed at home.

The Volunteer Medical Service Corps plan, proposed by the Medical Section of the Council of National Defense, was the first step in the direction of meeting the situation. In Ohio it was greeted with delight, for most of us realized that if the war were to continue and the growing medical needs of the Army were to be supplied, some plan of selection was immediately necessary.

Incidentally, for the benefit of the chief objector, it might be mentioned that no other national agency representative of the medical profession, had brought forward—or has yet presented—a substitute or improved plan.

This is a distasteful subject, but we feel that the attitude of the great journal that usually is so representative of the American medical profession should not go entirely unchallenged. We suggest that, before continuing further his policy of unconstructive criticism, the man who guides its destinies leave his Chicago office long enough to learn the actual war-time conditions in the states that have contributed so generously to the medical arms of the fighting service.

To those in Ohio who have accepted the Volunteer Medical Service Corps for what it seems to be, we suggest that the plan be given a thorough trial. All of us want to do the thing that will be most effective in fighting the kaiser. This plan has been presented to us, with the direct sanction of President Wilson. Let us stick by it, and endeavor to make it workable, regardless of criticism—particularly when we know that the criticism may be biased.

Dr. Selby Retires

With very great regret, Council of the State Association has accepted the resignation of Dr. C. D. Selby of Toledo as Secretary-Treasurer of the Association and Managing Editor of *The Journal*. He insisted on the action, as his important war work with the United States Public Health Service will mean his continued absence from the state until the close of the war.

Dr. Selby has been a leading factor in shaping the work of the Association since 1913, when we reorganized our plan of operation, and put *The Journal* and all other Association work on the basis that has proved so successful. When the new plan was in its experimental stages, he



Dr. Platter, Secretary-Treasurer

fought for it and insisted that it be given a thorough trial.

When we declared war, he immediately offered his services to the Surgeon-General, but his industrial medical training made him more valuable to the U. S. P. H. S. Upon this branch rests the responsibility of guarding the health of workers in our great war industries. For months he has been engaged in a careful survey of this situation, and at the direction of the federal government is now preparing an exhaustive report. Recently he has assumed charge of a division

that is to handle this situation throughout the country.

This work, of course, caused complete abandonment of his civilian activities—and his resignation followed.

Council was particularly fortunate in its selection of a successor in Dr. H. M. Platter. Dr. Platter, since Dr. Matson's death, has served with distinction as secretary and executive officer of the State Medical Board. This work has given him a wide acquaintance among the profession, and his record has given the profession an exceedingly good opinion of him.

As the future policy of *The Journal* is rather indefinite, owing to the restrictions on publication to be imposed by the Government, no Managing Editor has been appointed. *The Journal* will be issued, as in the past, under the direction of Executive Secretary Sheridan.

The new constitution, which would have been acted on had a meeting been held this year, creates the position of Medical Editor. As the scientific pages will be materially curtailed until the close of the war, it is probable that no one will be appointed as managing editor until normal conditions are resumed.

Long and Honorable Service

Dr. Henry Clinton Eyman, for the past 18 years superintendent of the Massillon State Hospital, submitted his resignation to the State Board of Administration, September 26. He resigned because of age and failing health.

Few men in this country have seen a longer and wider experience in management of institutions for the insane than Dr. Eyman. He entered the state service as an assistant physician at the Athens State Hospital in 1884. He served the Toledo State Hospital for five years, and the Cleveland State Hospital for eight years. He always has been active in the neurologic field, and is now secretary-treasurer of the American Medico-Psychological Association.

Dr. Eyman is a firm disciple of the non-restraint system, and in his 34 years' continuous connection with Ohio hospitals he has witnessed a complete revolutionizing of treatment of insane patients. It was at his suggestion that the legislature changed the name of Ohio institutions for the insane from "asylum" to "hospital." It was he also who started the first training school for hospital attendants.

Dr. Arthur G. Hyde of Cleveland State Hospital has succeeded Dr. Eyman as head of the Massillon institution. Dr. Hyde has been superintendent of the Cleveland Hospital for the past four years and has served as a member of its staff for twelve years. Dr. Hyde's place in Cleveland will be filled tentatively by Dr. Guy H. Williams, assistant superintendent of the Columbus State Hospital.

Investigate New Societies

Many of our members have received an invitation to join a medical organization styled "The Allied Medical Associations of America," and some of them, without investigation, have been inclined to accept membership in it. For their benefit and as a matter of general information, we present some of the known activities of the secretary-treasurer of the new organization, Dr. L. M. Ottofy, of St. Louis, who seems to be the principal agitator for members.

Dr. Ottofy is listed in the medical directories as a graduate of the Homeopathic Medical College of Missouri, 1888. He is a pronounced anti-vaccinationist. In 1914 he sued the Board of Education in St. Louis in an effort to force his children into the public schools without being vaccinated, but the court sustained the Board of Education. In 1916, according to reports published in the newspapers, he was cited to appear before the prosecuting attorney of St. Louis on the charge that he had distributed alleged indecent cards at a political meeting. It is said some of the cards bore an indecent drawing of President Wilson. He has been exploited in the St. Louis newspapers from time to time as possessing a cure for cancer, and at one time it was stated that he had found a deposit for radium on a Missouri farm, location not given.

Fewer, But Better, Meetings

Dr. Charles Lukens, president of the Academy of Medicine of Toledo and Lucas County, advises that owing to the stress of war demands the society will hold but one meeting a month. This will be held on the first Friday evening, and will replace the weekly meetings that have been held in the past. Dr. Lukens points out that it is impossible to secure first-class programs with so many men in service. Furthermore, weekly meetings make impossible demands upon the limited time of the men who are left at home.

In the announcement published by the Academy it is pointed out that this change does not mean the abandonment of the society's work, but is merely a temporary curtailment in the number of meetings:

"Organized medicine has been the reservoir on which the Army has drawn to make an Army possible. Organized medicine now has greater responsibilities than ever before, and the organization will be kept aggressively alive at all hazards."

A feature of the monthly meetings will be discussions by Dr. C. N. Smith, member of the Executive Committee of the Council of National Defense, Medical Section, who will outline the work of that organization.

The Healing of the Tubercle

Frank Warner, M. D., F. A. C. S., D. Sc., Columbus, Ohio

THE wide spread prevalence of tuberculosis, causing one-eighth of all deaths, indicates the frightful havoc caused by the disease.

There is no disease about which so much has been written and, while much has been accomplished in the way of both treatment and prevention, tuberculosis still remains today one of the great uncontrolled scourges of the earth.

So much has been written about its treatment and its prevention that it would seem desirable to go over the pathology of the disease from time to time and study just what takes place when an infection by the bacilli tuberculosis occurs, to study the behavior of the tubercle when it masters the infection and heals, and the pathological process that arises when the defensive processes of the organism are insufficient to stop the progress of the tubercle formation and dissemination.

One of the first things that takes place after the lodgment of the bacilli tuberculosis in the human organism is the immediate surrounding of them by endothelial leucocytes, being attracted

capsule of the bacilli by the conversion of the waxy covering into fatty acids and glycerine. Even after the freeing of the bacilli from their enveloping capsule, numerous observers now conclude that the lymphocyte plays a very important role in the destruction of the bacilli through their phagocytic action. It had long been known that the bacilli tuberculosis, or their toxins, attracted almost uniformly, a large number of lymphocytes about the tubercle which was thus formed, but Bartel emphasized the importance of them as a defensive agency against the spread of the tubercles.

Murphy and Ellis demonstrated that white mice were rendered more susceptible to the development of tuberculosis from the injection of

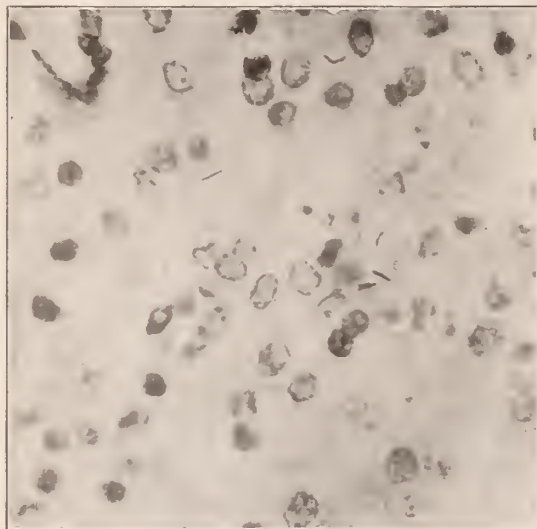


Figure 1. Tubercle bacilli surrounded by endothelial cells attracted by the chemotatic influence of the bacillary toxins.

by the chemotactic influence of the toxins of these bacilli. The endothelial cells undoubtedly have a phagocytic power, but encountering bacilli that are surrounded by a waxy capsule, this renders them immune in part to the destructive action of the cells until the capsule is dissolved from the bacilli. Even if endothelial leucocytes do not have this power, lymphocytes, which are immediately attracted to the outer layers of these cells by the chemotaxis of the toxins, seem to have this power through their secretion of a chemical substance, lipase, of dissolving off the

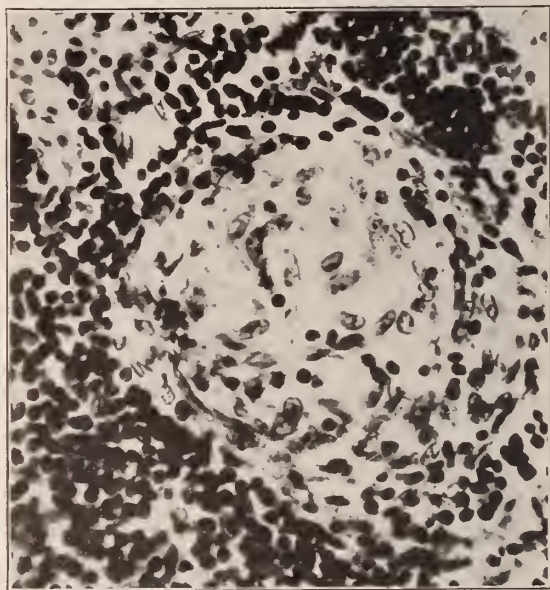


Figure 2. High power of an early tubercle in lymph node showing characteristic mononuclear cells forming the center of the mass and lymphocytes on the periphery, also attracted by chemotaxis.

the bovine bacilli when the mice had been subjected to the prolonged or frequently repeated influence of X-rays which have the power of lessening the number of lymphocytes in the blood stream.

Murphy and Norton made some very instructive experiments on the seemingly protective influence of lymphocytes against the development of carcinoma along similar lines of the experimentation employed in reference to the protective influence of the lymphocytes in tuberculosis. Similar conclusions were drawn in each set of experiments, with careful controls employed, that the lymphocyte offers a protective influence against the development of both cancer and tu-

berculosis. When the lymphocytes were increased by properly regulated doses of the X-ray, the inoculations were less frequently successful, but when the lymphocytes were greatly lessened by the frequent repetition of the X-ray, the successful inoculations were greatly augmented in number.

From the fact that lymphocytes surround every tubercle, and that experiments seem to prove that an increased number of lymphocytes in the blood stream makes more difficult the inoculation of tuberculosis or cancer into an animal, or a lessened number of lymphocytes seems to give less defense against these inoculations, the inference is that these cells offer a defensive action against the development and progress of the tubercle and a destructive or phagocytic power over the bacilli by reason of the ability of the lymphocytes to secrete a chemical substance, lipase, which is capable of dissolving the waxy capsule off the bacilli. In this way, they are rendered more easy of phagocytic attack by the leucocytes.

In addition to whatever influence the lymphocytes may exercise in a defensive way against the progress of tuberculosis, thus contributing to the healing of the tubercle, Vaughn quotes Murphy and Morton as having evolved an advancement in the early diagnosis of the disease by the recognition of the early increase of the lymphocytes in the blood stream after infection. This observation, he states, is one of the most practical points that has come out of the study of the relation of the lymphocytes to tuberculosis, enabling one to make a probable diagnosis within two weeks after its onset. McGrath, of the Mayo Clinic, has confirmed these observations.

In addition to the endothelial leucocytes that invade the miliary tubercle and the lymphocytes that surround it, polymorpheonuclear cells are frequently present exercising their phagocytic action. Surrounding the tubercle, fibroblasts are a nearly constant constituent of the abnormal process. If the tuberculous process is very active, the fibroblasts may be destroyed along with the other cells so that none may be found surrounding the tubercle. But in a short time, even under these circumstances, fibroblasts usually develop about the mass. With the connective tissue which is soon formed from them, a protective barrier is formed about the tubercle which tends to prevent the spread of the infective process and to wall in the tubercle. As soon as the tubercle has followed its usual history of undergoing necrosis of the central endothelial and other cells, these fibroblasts throw into the necrotic space their fibrilogen and collagen fibrils which undergoing contraction, take the place of the recent tuberculous process. It is frequently by this means that the healing of the tubercle takes place.

While the endothelial leucocytes and lympho-

cytes are attracted about the bacilli through the property of chemotaxis, the fibroblasts are simply multiplied from the injury done to the surrounding connective tissue by the toxins of the germs. This multiplying of fibroblasts, with its consequent connective tissue formation, is akin to the process that takes place in the case of carcinoma. The presence of lawless epithelial cells stimulates the formation of fibroblasts which gives in many instances a scirrhous type of the disease.

This ability of the bacilli of tuberculosis to attract the endothelial leucocytes and the polynuclears about them, which are supposed to act in a defensive and phagocytic manner, has given rise to the employment of this principle

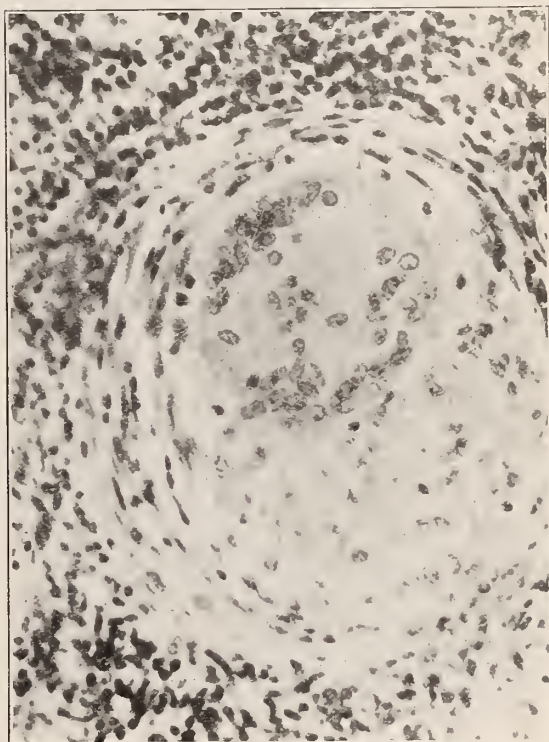


Figure 3. A little later tubercle showing a characteristic giant cell of foreign body type in which the various endothelial cells have fused together, and fibroblasts of the peryphery which have been stimulated to growth by injury to the surrounding connective tissue by the bacillary toxins.

of chemotherapy in the treatment of the disease. As yet nothing of striking importance has been developed along these lines, but DeWitt has produced some interesting experiments from the S. A. Sprague Memorial Institute and the Pathological Laboratory of the University of Chicago, that many metals and dyes possess this property of chemotaxis for the tuberculous tissue in which the bacilli rest. Such metals are arsenic and mercury, as well as the various aniline dyes and iodine, were shown to have chemotaxic properties for tubercular masses. If that is the case with these substances, it does not seem unreason-

able to suppose that some remedy may be found that possesses not only chemotaxis for the tubercular mass but also destructive influences upon the bacilli producing the tubercle, and at the same time not exercising destructive tendencies upon the tissues as a whole; just as happens in the action of salvarsan on the spirochete of syphilis. That day may not be far distant. We all expected, after Koch discovered the cause of the disease in the bacilli tuberculosis, in 1882, that the disease would soon be mastered, and when he brought forward his serum for its treatment, that the time of its cure was here. But despite these disappointments in the successful treatment of the disease, workers, everywhere, are making prodigious efforts to master the disease. That someone's efforts are going to be crowned with success is only a reasonable hope to maintain.

Thus far I have discussed only the pathological behavior of a single miliary tubercle, made up as it is of the bacilli and the central endothelial

about by the spaces becoming so crowded by endothelial leucocytes for defensive and phagocytic purposes as to shut off the circulation or even osmotic absorption of the surrounding blood or lymphatic serum. If the process of necrosis is slow, the reparative opportunities of the fibroblast are such that the mass is soon surrounded by large numbers of fibroblasts which throw their prolongations into the necrosed mass, healing it. Even if the tubercle is not healed, its progress and spread is retarded. In addition to that, the connective tissues newly formed, stop up the various portals, as the lymphatic vessels, veins and arteries, without which the bacilli, or masses containing them, are swept out



Figure 4. A still later tubercle giving evidence of much fibroblastic formation in the wall between the two tubercles, hence leading in the direction of the healing process.

leucocytes and peripheral lymphocytes, attracted by the chemotactic influence of the enclosed germs or their toxins, and the outer rows of fibroblasts stimulated to development by the injury to the surrounding connective tissue by the bacillary toxins. Seldom does such a miliary tubercle long remain without developing into a larger tubercle. This is done either by the coalescence of a number of the smaller tubercles or by the gradual accretion of endothelial leucocytes attracted to the periphery of the miliary mass by the toxins of the bacilli. As soon as a tubercle of any size is formed, the tendency is for the mass to undergo necrosis. This is brought

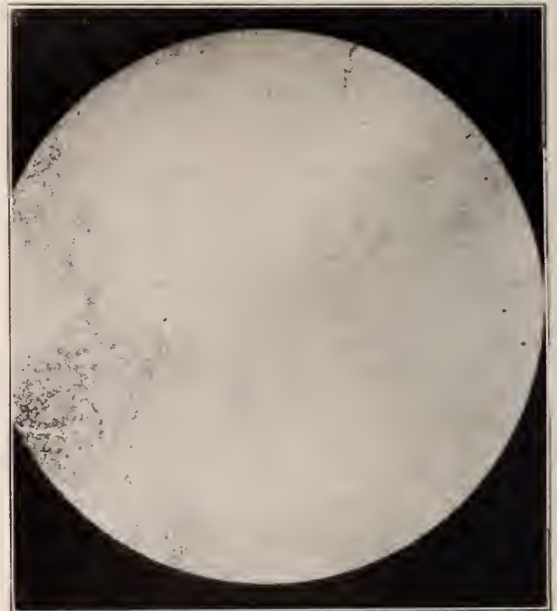


Figure 5. A rapidly caseating tubercle showing no tendency toward the healing process except the defense action of the lymphocytes.

distant part of the organism, there to develop new foci of the disease.

There is no doubt that many cases of early tuberculosis infection never get beyond the stage of a few coalescing tubercles when the healing process occurs, leaving nothing in its place except some connective tissue to tell a future story of this infection long years afterward at an autopsy after the patient has died of some entirely different disease. Or, the tubercle may have undergone a calcareous degeneration when a limy deposit is found instead of the connective tissue. On the other hand, there are some cases of infection taking place which stop only short of a prompt or lingering death; the tuberculous process in some cases proceeding with such rapidity as to stimulate an acute infection like typhoid; miliary tubercles being very generally distributed. In another type of cases the progress is less swift but none the less sure in their fatal termination. These diverse be-

haviors of tuberculosis infection seem to be influenced largely by three factors:

1. The intensity of the infection.
2. The location of the infection.
3. The power of resistance to the infection.

Every physician is familiar with the different grades of intensity of the toxemia in many of the infectious diseases. Some cases of typhoid fever are light, others severe; some years epidemics of small-pox appear in which the disease is largely devoid of fatalities, other epidemics show a heavy death rate. Pneumonia is always uncertain as to its severity of infection at the outstart of the disease. Being true of these diseases, it is only rational to infer that

lous infection of the meninges produces an inflammation that is intense and far reaching, without either typical tubercle formation or all of the elements of defense and protection asserting themselves. Tuberculosis of bone tends to remain a local affair and does not lend itself readily to metastatic processes. Joints are in the same category.

The power of resistance of the individual to the infection of tuberculosis is the greatest factor in its prevention. Where this is feeble, to build up a resistance is the most potent treatment of the disease.

While it is entirely commendable to employ



Figure 6. A high power of the preceding wall of lymphocytes between the tubercles.

the same thing occurs in cases of tuberculous infection.

The location of the seat of the infection is another determining factor as to the outcome of the disease. When a tubercle develops in proximity to blood vessels and lymphatics that are not easily walled off by fibroblastic development, endothelial leucocytes attracted by the tuberculous germs or their toxins and containing some of the bacilli tuberculosis, get into the circulation where they are carried to more or less remote points and establish new foci of infection; or, the metastasis may occur through the development of a tubercle in the wall of an artery or vein, then when the mass undergoes caseation, it is swept to distant parts. Tuberculous glands undergo the healing process much more readily than tubercles in the lungs; while a tubercu-

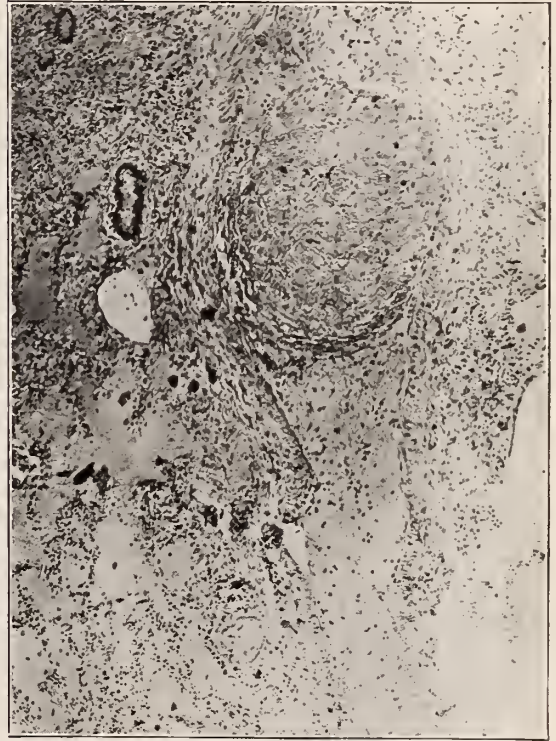


Figure 7. Tubercle in wall of blood vessel showing the readiness with which metastases occur.

every other method possible to prevent the spread of tuberculosis, it remains a clear, outstanding fact that increasing the resistance of the patient means everything in this disease. It should be remembered that tuberculosis is a disease of the poor, in the main, of persons who are underfed and overworked, and that the excessive and constant use of alcohol is another strong factor in lowering the resistance of the individual. The whole line of treatment of the disease is now based upon the principle of building up the strength of the patient so as to offer a better defense against the spread of the disease.

In an analysis of 1,000 consecutive autopsies, Adami demonstrated two points, which have been shown time and again by other observers, the

large number of tubercles which have undergone the healing process, as shown by either areas of fibrous tissue or calcified spots, and the very considerable number of cases of latent or quiescent tuberculosis, where the tubercle is in a caseous but non-active condition, showing neither sufficient fibrous tissue nor calcification to call it healed.

Out of the 1,000 autopsies, 417 showed evidences of tuberculosis, past or present; of these 151 cases showed that the tubercles had entirely healed and that either fibrous tissue or calcification alone existed without evidence of any caseation or other evidence of latent or active disease.

Of the latent cases, he found 93 which showed some caseation, but the tubercles were localized without evidence of activity.

These figures relating to the per cent. of

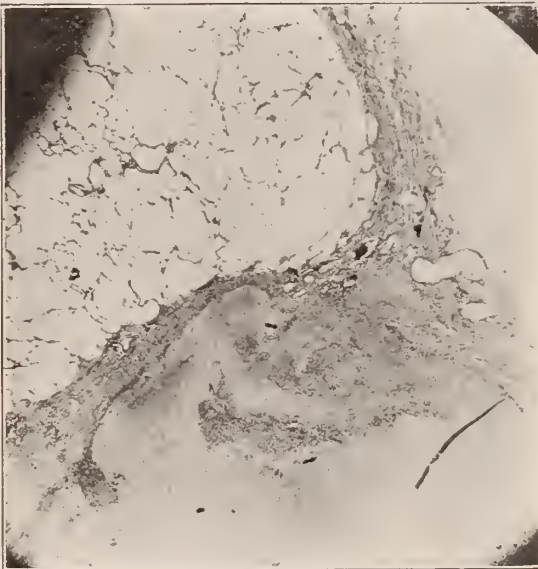


Figure 8. An old tubercle almost healed showing a thick wall between it and the lung tissue uninvaded.

one should remember that according to the reports of the National Association for the Study and Prevention of Tuberculosis, quoted by Bernstein, there are in the United States at the present time, one million cases of the disease, with facilities for the care of only forty-five thousand patients in sanatoria and hospitals. The balance must, of necessity, be cared for in the home. This emphasizes the importance of physicians in every community thoroughly qualifying themselves for its treatment and its prevention. While many cases can be prevented and some cured by timely and judicious treatment, it does not seem to me that the profession of medicine has yet earned the right to place tuberculosis in the column of preventable and curable diseases. Much has been done in both directions but still more remains to be accom-

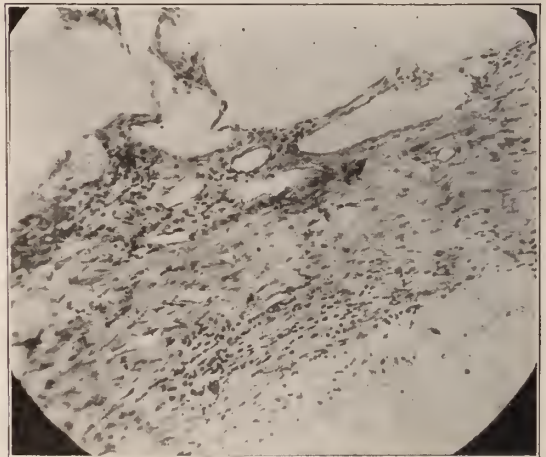


Figure 9. A high power of the wall of the preceding tubercle showing the old character of the outer part of the wall next the lung and the newer type of connective tissue on the inner wall with the presence of endothelial cells, lymphocytes and young fibroblasts struggling to heal the tubercle.

tuberculosis in autopsies are rather lower than the reports from the European postmortems, but even the Canadian figures show what a large per cent. of mankind has been infected with tuberculosis at some time in his life. Finding in these autopsies such a large number of fibrous or calcareous areas which had been previously the seat of tubercles which have undergone a permanent healing process, may well give hope that, through treatment, a larger number of cures may be effected.

Webb states that: "Records point to the probability of everyone having had at some time some degree of infection with this wax-coated bacillus."

Whatever views may be entertained as to the value of the sanatorium management as compared with the home treatment of tuberculosis,

plished along these lines before success crowns our efforts to master the disease. However, a new era is certainly dawning, for malaria is under perfect control, yellow fever is substantially a disease of the past and no epidemic of it need be feared again, typhoid fever is no longer master of either urban or rural communities, nor in the Army camps, the plague is easily prevented, cholera no longer threatens communities, small-pox is now a controllable disease, syphilis is easily cured, typhus fever seems to be well mastered, and diphtheria is no longer a menace to civilization. With these examples of disease mastery before us, is it too much to expect that tuberculosis will soon take its place among the really preventable and curable diseases and that it will soon be banished from the face of the earth?

SUMMARY

One-eighth of all deaths occur from tuberculosis.

As soon as bacilli find lodgment in the organism, a tubercle is formed, which is composed largely of endothelial leucocytes in its center and lymphocytes in its periphery, both attracted by chemotaxis of the bacillary toxins, surrounded by fibroblasts.

The lymphocytes put on a strong defensive by the ability of a chemical secretion, lipase, which dissolves off the capsule from the bacillus, converting its waxy coat into glycerine and fatty acids. The cells also exert a phagocytic action.

The endothelial cells attracted to the center of the tubercle, exert their phagocytosis on the bacilli, which have been made more easy of attack by their having been stripped of their capsule by the lymphocytes.

The fibroblasts forming the outer wall of the

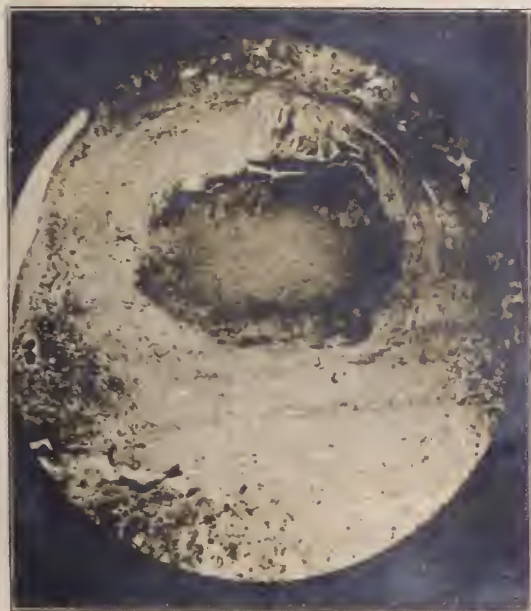


Figure 10. The completely healed tubercle showing a thick connective tissue wall and a calcareous mass within.

tubercle, are stimulated to production by injury to the connective tissue through the influence of the toxins of the bacilli; chemotaxis playing no part in their presence as it does in attracting endothelial leucocytes and lymphocytes.

The tendency of every tubercle is to undergo caseation. If the defense of the leucocytes and lymphocytes is sufficient and the fibroblasts develop in ample numbers, the tubercle heals and is walled in by new connective tissue. The space left by the tubercle either becomes filled in by fibrous tissue or by calcareous matter.

If the defenses are insufficient about the tubercle the first tendency is to coalesce one with another. In this way, large tuberculous masses are formed.

When these tuberculous masses necrose into blood vessels, metastases occur, the caseating

cells, containing bacilli, being carried to new fields to form fresh foci of the disease.

While advancements have been made in the prevention and cure of tuberculosis, it is too early to state that it is both a preventable and curable disease, except in part.

As careless expectoration of bacilli laden sputum is one of the fruitful sources of dissemination of the disease, a social consciousness of this fact should be evolved in every community.

This reasearch study was made in the Pathological Laboratory of the Ohio State University, of which Dr. Earnest Scott is director and Miss Hazel Cameron, B. Sc., assistant. To these I extend my grateful acknowledgements for courtesies shown me.

REFERENCES

- J. G. Adami, M. D., and John McCrae, M. D., Analysis of 1000 Consecutive Autopsies. Sixth International Congress on Tuberculosis, Vol. 1, part 1, 1908, p. 325.
- D. H. Bernstein, M. D., Home Treatment of Tuberculosis. The Canadian Medical Association Journal, Vol. 8, No. 1, p. 38.
- Von J. Bartel, Wien, Uber Immunisierungsversuche gegen Tuberculose. Sixth International Congress on Tuberculosis, Vol. 1, part 1, p. 188. Session 1908.
- Murphy and Norton, Science, n. s. xlii, p. 842.
- James B. Murphy, Rockefeller Institute Reports, Vol. lxii, p. 1459.
- Chas. L. Minor, M. D., The Treatment of Tuberculous Patients in their Homes. Sixth International Cong. Tuberculosis, Vol. 1, part two 1908, p. 1013. Session 1908.
- Lydia M. DeWitt, The Present Status of Tuberculosis Chemotherapy. Jour. Lab. & Clin. Med., June 1916, p. 677.
- Gerald B. Webb, M. D., Immunity in Tuberculosis. Jour. Lab. & Clin. Med., March, 1916, p. 414.
- V. C. Vaughn, M. D., Tuberculosis. Jour. Lab. & Clin. Med., Nov. 1916, p. 143.
- Mallory, Principles of Pathologic Histology, p. 184.
- G. B. White, M. D., Lab. Methods in Tuberculosis. Boston Med. & Surg. Jour., Vol. clxxviii, No. 6, p. 175.
- Wells, Chemical Pathology, Sec. Ed. p. 74.

Dependability of Tablets—There is no doubt about the convenience of tablets, but the accuracy of the dosage content is not always to be depended on. In 1914, Kebler reported the results of a far-reaching investigation of tablet compounding in which he pointed out that tablets on the market were not as uniform or accurate as was generally believed. During the past year, the Connecticut Agricultural Experiment Station undertook the examination of tablets—proprietary and non-proprietary—taken from the stock of dispensing physicians. The variations found in weights of the tablets were strikingly similar to those reported by Kebler. Allowing a tolerance in composition of 10 per cent., one or more product of the following manufacturers were found deficient: Buffington Pharmacal Company, Daggett and Miller Company, Drug Products Company, the Harvey Company, National Drug Company, B. F. Noyes Company, National sive Chemical Company, Tailby-Nason Company, and John Wyeth & Brother. (Jour. A. M. A., July 27, 1918, p. 300.)

The Therapeutics of Influenza*

E. W. Mitchell, M. D., Cincinnati

Influenza is the most contagious of all diseases. The contagion is probably always immediate and mainly by "droplet" infection. Effective prophylaxis for the individual would mean to avoid contact with those having the disease or with "carriers." In such pandemics as that now prevailing the carriers soon become innumerable and avoidance of infection therefore practically impossible. Were it the absolute rule for every one when coughing or sneezing to hold a handkerchief in front of the face, it would prove the most effective of all preventive measures. If all children were taught to do this while young, it would soon become as automatic a habit as blowing the nose into a handkerchief now is. Attendants upon those having the disease may obtain some protection by wearing masks over the nose and mouth.

Keep out of crowds and ill-ventilated places, spending as much time as possible in the open air. Having wide open windows day and night will greatly reduce the chances of infection. Care should be taken against getting wet or chilled.

Keep the emunctories active by frequent hot baths, drinking freely of water (the alkaline mineral waters especially) and maintain regular bowel movements. Take a hot tub bath at bed time, and a cold shower or sponge bath in the morning. Heavy and indigestible meals and alcoholic drinks should be avoided. Plenty of rest should be taken. As infection is by respiratory passages frequent washings of the nose and throat may have a value in removing a certain number of organisms that have found lodgment. Mild alkaline solutions are probably as effective as any antiseptic which can be used without injury to the mucous membrane. That immunity can be secured by specific vaccines is a question still subjudice. There is no objection to using them if care be taken in administration. Some physicians are enthusiastic as to their value. My own experience leaves me a doubting Thomas.

In the treatment of the attack certain general principles are well agreed upon, though each physician has his own favorite prescriptions when it comes to medication. The first of the general principles is confinement to bed from the inception to the termination of the attack, with abundant ventilation, and protection from chilling (but not an over burdening with coverings); second, isolation of the patient; third, the free drinking of water; fourth, frequent hot baths. In former epidemics alkalies were found to exert a favorable influence. Experiments on animals have since furnished a scientific basis for their use in this as other infections in the prevention or modification of acidosis. Alkalies also favor

the liquifaction of the secretions of the mucous membranes and promote diuresis. The most palatable is citrate of soda. Lemonade, orange juice, "imperial drink," vichy water are all pleasant means of securing alkalization. For severe cases, especially if pneumonia or nephritis be threatening, intravenous administration (or rectal) of soda solution, or soda and glucose (10%) may be used with excellent results.

The severe headaches and backaches of the early stage almost compel the practitioner to resort to means of relief. At the time of the epidemics of the early 90's the coal tar products had just come into general use. We learned then the disastrous results of their free and indiscriminate use.

In the early stages moderate doses of phenacetin or aspirin do not weaken the heart and give the patients much comfort, but the administration should not be long continued. The general clinical experience is that salicylates are useful, the favorite being salol. Acetyl salicylate has the advantage of adding an analgesic effect, and is a favorite with many practitioners. A combination of small doses of phenacetin, salol and salicylate of quinine is another favorite of years ago for routine treatment. I wish to repeat the statement that all depressing drugs must be used with caution in view of the weakening effect of the toxins of the disease upon the heart. A good program for an average case is about as follows: Confinement to bed; windows kept wide open; a glass of vichy every three hours; a glass half milk and half vichy every three hours; a hot tub-bath, once or twice daily; an ice-bag to the head; nose and throat sprayed every two hours; early each morning a bottle of magnesium citrate; ammonia murrette, gr. 10, sod. citrate gr. XXX in glass water every three hours; if headache serve just enough acid acetyl salicylate to moderate it; if cough serve, codeia, gr. 1-6, in chloroform water Bi. To avert ear complications keep nose and throat clean as possible and give large hot irrigations on first complaint of ear-ache. To protect kidneys, hot baths, milk diet, abundant alkaline drinks. To ward off pneumonia, wide open windows, confinement to bed until convalescence well established.

Typhoid Vaccine, Therapeutic.—A vaccine made from killed *Bacillus typhosus*. The vaccine is proposed for the treatment of typhoid carriers and as a concomitant measure to the usual routine of typhoid therapy. Marketed in different sized containers, containing 100, 250, 500 and 1,000 million killed *Bacillus typhosus* in 1 Cc. Eli Lilly and Company, Indianapolis.

*Reprinted from The Weekly Bulletin of the Academy of Medicine of Cincinnati, October 11, 1918.

Some Phases of Influenza*

Captain Chas. H. Higgins, M. D., Zanesville, Ohio

I DO not write as one who knows. Years of experience have made me an agnostic regarding many of the matters heretofore heralded as sure things in the practice of medicine. Neither do I write as one who seeks to foist some new theory; but rather would I call your attention to *some* of the things you all do know of a disease you all daily see, and yet of which we all know so little. Call it what you may—that ensemble of symptoms that makes up the composite known as influenza—"the rose by any other name would smell as sweet"—the truth is, we know so little about it, that, like malaria, the name has become a shibboleth for every imaginable kind of ephemeral ailment that does not reveal its identity by unmistakable subjective symptoms and physical signs.

The classical trinity of varieties—"catarrhal, gastro-intestinal and nervous"—reminds us much of efforts of old to ring in the mystic three wherever the opportunity offered; while, in fact, influenza attacks more different tissues, is a father of more complications, shows less respect for age, sex or previous condition, and manifests itself in more different varieties than any other disease of modern time. No prophylactic measures have yet been discovered, and it is so treacherous in its conduct that he who escapes to-day, should be quick to knock on wood, lest to-day's good fortune be the calm before tomorrow's storm.

It is said, too, that the three forms dovetail into one another; that none is a distinct entity; that while the eyes may simulate Niagara, and the nose a Gatling-gun, and each nerve serve as a party-line telephone presided over by theimps of pain, and chill and heat make battle for supremacy, we cannot yet call it grip, though the muscles tighten, the back aches like beginning smallpox and the digestion goes upon a strike, unless our laboratory diagnostician succeeds in finding the bacillus of Pfeiffer.

Whence enters within our systems the causative agent of this disease, or by what path it makes its exit, are questions like the child would ask of the air or philosophers have asked of the soul. Thou elusive microbe, sought by scientists since the days of universal belief in thy existence, thou hast not yet revealed thy identity to man, yet thou hast been wafted by the cilia to the deepest recesses of the lung, hast played upon the pavement cells of every serous membrane, floated with the current of his blood stream, gnawed at the guy-ropes of his heart, and sapped the vitality from his spinal marrow.

Since the eventful days of the late eighties

when men were finding vermin in trees, malaria in the stagnate brooks, hookworms in sand and germs in everything, we have implicitly followed the *ipse dixit* of Pfeiffer that he had found the bacillus of grip, and we copied his claim into all our text-books and proclaimed it in all our periodicals. But the eternal iconoclast—the American scientist—has now branded the story that Pfeiffer's bacillus was the cause of grip as only another incidence of the jaundiced science of the Teuton. Williams, Moody, Mathers and others have gone deeply into the bacteriology of this disease, and have found Pfeiffer's bacillus conspicuous by its absence, and as a causative agent for the epidemics of the past two winters, we are assured, with positiveness that will scarcely admit of doubt, that the gram-positive hemolytic streptococcus described by Mathers is the guilty party.

Several writers have asserted that this disease is a winter malady. We believe this assertion is another crack in the glazing of the half-baked theories of this disease. It is a winter disease, only as the means for its dissemination are most bountiful in the winter time. The gastro-intestinal and the nervous forms especially flourish in hot weather; how they are transmitted we do not know. As to the respiratory type, our winter conduct invites the disease. Crowded tenement quarters, with their wealth of poverty and filth; overheated and underheated railway and trolley trains, and that king dispenser of distemper, the big revival meeting, are undoubted factors that help to make this disease prevalent in winter. A few cases of respiratory grip in one of these circuses can as successfully cause the people to cough up their accumulated bronchial secretions as Billy Sunday or Bob Jones can cause them to cough up the accumulated metallic substance in their jeans.

During 1915, the death rate from grip in the registration area was higher than that of any other epidemic disease, being 16 per 100,000; while next to that was diphtheria and croup with a death rate of 15.7. This does not include the large number of deaths from other diseases in which influenza was the exciting factor. When we recognize the versatility of this disease—that it specializes upon as many organs of the body as a United Doctor—then we will be able to appreciate its importance and to use more effective efforts in the education of the people, and the earlier we learn some positive method of differentiating it from a common cold, the sooner will our people learn that there is something more than mere top-dressing, in our warning that grip is more to be feared than any other of the common infectious or contagious maladies.

*Read before the Medical Section, Ohio State Medical Association, in annual session at Springfield, May 15, 1917. The points made may be found applicable to the present epidemic.

Grip is not necessarily a catarrhal disease—in fact, we doubt the advisability of ever classifying it as such. We should certainly forever discard the overworked name of catarrhal fever, which is frequently used to cover our inability to differentiate some condition present such as the abdominal form of influenza, from some other acute febrile disease, as, for instance typhoid fever. The similarity of these two diseases is frequently marked. The intense headache, the low fever, the muscular soreness, the abdominal tenderness and the prostration, and sometimes practically identical laboratory findings are misleading. I have no advice to offer except to wait, though the shorter duration and the prostration out of proportion to the other symptoms; the frequent sudden drop of temperature to two or more degrees below normal and a bradycardia not found in typhoid may cause us to modify the diagnosis of typhoid. It takes a stretch of the conscience to pronounce a case of this kind typhoid fever, and considerable strength of character to tell the patient he has only had the grip. The crime of mistaking grip for typhoid is, however, greatly attenuated by calling the disease catarrhal fever, as a sort of molifier of our own conscience and a placebo to the patient. Could we but convince our patient that an attack of this form of grip is more serious than one of typhoid, the task of covering up our mistake would be greatly lessened, and the name of catarrhal fever eliminated from our dictionary. Equally frequent is the mistaking of the abdominal form of grip for gastric or duodenal ulcer, appendicitis, cholecystitis or some affection of the internal generative organs. The seriousness of the mistake is the fact that these patients are frequently subjected to unnecessary abdominal section. In this form of the disease, we frequently find its usual perversity magnified, and with a severe beginning, with decided chill and high temperature and marked prostration, we may get immediate or very prompt death, or prompt and satisfactory recovery; whereas in the attack with mild beginning, sort of typhoid-like, the prostration may continue indefinitely and the person who has had this form is the one who will consult a physician ten years later and tell him he has never been well since he had the grip. If the patient has escaped death from acute dilatation of the heart due to grippal myocarditis, he may present a hypertrophied heart, thickened duodenal walls, hardened arteries and premature senility. We find these poor devils eking out a miserable existence, switched from doctor to doctor, chiropracticed by this fellow, and having his spine adjusted by that, and even “falling” to the argument of Christian Science, which at least did no harm—so long as he took his occasional dose of digitalis.

We notice in a goodly number of cases a certain vesicular erythema of the throat, consisting of very small vesicles found especially on the

posterior walls of the pharynx and accompanied by considerable pain. This condition has caused a suspicion of follicular tonsilitis, but the absence of tonsilar exudate soon clears up the diagnosis. These little vesicles seem to be connected with the terminal nerve filaments, and the deeper seated involvement of the nervous system may possibly be traced to this primary source.

While we do not wish to be quoted as minimizing the effects of this disease upon the respiratory system, the importance of the effects upon the digestive and muscular systems should be carefully considered, especially the effects upon non-striated muscular tissue.

Some fifteen years ago we reported to this association a number of abortions directly traceable to influenza. The discussion revealed the usual number of doubting Thomases, some attributing these results to the use of quinine in the treatment, rather than to the disease under consideration. Many of these patients may have taken anti-grip tablets, as dispensed by the druggists, before consulting a physician, but the amount of quinine in these tablets would be insignificant as an oxytocic, and the writer had long since discarded quinine as an absolutely useless drug in the therapy of grip. We have had little reason to modify our opinion in regard to the effects of influenza on non-striated muscular tissue. We have had no opportunity to study the histological pathology of these cases. However, we have found the muscular coat of the intestines very rigid, the uterus firmly contracted. There was premature menstrual activity if the attack of grip occurred a week or more prior to the usual menstrual period, to be followed by relaxed uterine muscles. Analogous conditions existed in the action of the muscular coat of the stomach and intestines, and the heart frequently became dilated. If the patient be pregnant she was in danger of aborting; if the abortion was not complete before the stage of muscular relaxation occurred, there would be retention of secundines and hemorrhage. Uterine inertia in the second stage of labor at term, where the labor has been preceded by an attack of the grip, is common enough. A temporary whip may be applied in these cases by the use of pituitrin, but secondary relaxation will be more pronounced, and the consequent danger of late post-partum hemorrhage great. Naturally rupture of the uterus would be a previewed danger in the use of this powerful drug in these cases.

In the intestinal cases there will be colic at the start, with diarrhea or constipation, depending upon whether the portion of intestine affected is below or above the ileo-cecal valve, followed by relaxation and intestinal stasis. If the portion affected happens to be the duodenum there will probably be an involvement also of the biliary passages, with jaundice. In some cases the hemorrhagic tendency is pronounced and

there may be sudden death from hemorrhage into the meninges, or intestinal hemorrhage, with extreme shock, or hemorrhage into the bladder. The urinary system is fortunate if it remains neutral in the unholy war this multicapital disease wages against the different organs of the body, and albumenuria and other manifestations of acute Bright's are common enough. Recovery in these cases is the rule where the patient is young. In middle or advanced age permanent recovery seems to be the exception. The most frequent condition, however, when the urinary system is affected, is an acute cystitis, with frequent and painful micturition and inability to completely empty the bladder on account of degenerative changes in the cystic musculature.

The male generative organs are affected similarly to those of the female. The sexual desire may exist in the brain, but the absence of the *vis coëundi* would not invalidate the suggestion that, instead of castration of the undesirable as advocated by many eugenisists, a better plan would be to frequently subject these men to the grip.

In the foregoing discussion we have purposely tried to steer clear of laboratory experimentation—for very little has been done in this disease, except in the search for the germ—and to con-

fine ourself to observations made at the bed side. We have also purposely said little or nothing about the characteristics that are practically always present, such as frontal headache, loss of appetite, dizziness, or prostration, nor the commonly persistent cough and pneumonic tendency. We simply desire to emphasize those phases of the grip which so simulate other conditions as to frequently mislead us into a mistaken diagnosis, and consequently, improper treatment.

As to the treatment of this disease, we must look for a specific in the advertising literature of the manufacturers of pharmaceuticals. Its many phases evidently demand symptomatic treatment, and to combat them all rest in bed is the nearest specific we possess. The fact that one attack predisposes to another, and several attacks may occur in the same season, to the writer's mind effectually disposes of the claim made by the manufacturers of biological products that immunity can be secured by vaccines—if you get enough of them mixed together. Our friends, the producers of these products, have rendered an invaluable service in supplying pure and potent materials, but when they attempt to educate the medical profession into using shrapnel vaccines for the prevention of grip, they are going some beyond the pale of rational preventive medicines.

Deaths in Ohio

James Addison Ambrose, M. D., Medical College of Kansas City, Missouri, 1882; aged 74; died recently at his home in Dayton. Dr. Ambrose was a veteran of the Civil War.

John Henry Bender, M. D., Ohio State University, College of Medicine, Columbus; 1912; aged 31; member of the Ohio State Medical Association; died at his home in Wetzel, Van Wert County, October 9. Death was due to complications following an attack of influenza. Dr. Bender leaves a wife and two small daughters.

William R. Black, M. D., licensed to practice in Ohio, 1896; aged 71; died at his home in Bolivar, September 21, from a complication of diseases. Dr. Black was mayor of the village in which he made his home at the time of his death. He had practiced there for forty years. Surviving are his wife and two sons.

Lieutenant John C. Bowman, M. D., Ohio State University Medical Department, Columbus; 1918; aged 28; died October 2, at the Philadelphia Naval Base Hospital. Death was due to influenza, followed by pneumonia. Lieutenant Bowman is said to have contracted the disease while treating patients affected with it, there being 1,200 cases at the hospital. Dr. Bowman practiced in Thornville a short time before entering service. He is survived by four brothers and two sisters.

James E. Chapman, M. D., Starling Medical College, Columbus, 1903; aged 46; member of the Ohio State Medical Association; died at his home in Bloomingburg, October 5, from pneumonia which developed following influenza. Dr. Chapman came to Bloomingburg from Sinking Springs, Highland County, three months ago to take charge of the office of Dr. E. H. McDonald during the latter's absence in military service. Besides a wife and small child, Dr. Chapman leaves one son who is now in France.

J. N. Clark, M. D., Starling Medical College, 1872; aged 74; died at his home in Columbus, September 29, from paralysis after an illness of more than four years. Prior to coming to Columbus Dr. Clark was a practitioner of Fayette County, where he practiced for 35 years. He was a Civil War veteran, having served with Company C, 16th O. V. I. Besides his widow, he leaves three sons and six daughters.

James L. Forsythe, M. D., Cincinnati College of Medicine and Surgery, 1875; aged 68; died at his home in Lewistown, September 21. He is survived by his wife and two sons.

S. Dawson Good, M. D., Cleveland College of Physicians and Surgeons, 1892; aged 50; died at his home in Ashtabula, September 15. Surviving are his father, mother and one brother.

Isaac H. Hague, M. D., University of Wooster,

Medical Department, Cleveland, 1868; aged 77; died at his home in Shreve, September 28. Dr. Hague had practiced in Shreve for the last 41 years. He leaves one son and two daughters.

leaves his widow, three daughters and one son, Dr. Frank Roush, now stationed at Camp Greenleaf, Fort Oglethorpe, Georgia.

John George Frederick Holston, Sr., M. D., Jefferson Medical College of Philadelphia, 1862; aged 73; member of the Ohio State Medical Association; died at his home in Zanesville, September 25, following a seven weeks' illness due to a general breakdown in health. Dr. Holston served throughout the Civil War as a hospital steward in Company A, 160 O. V. I. He was the son of Dr. J. G. F. Holston, one of Zanesville's prominent physicians and surgeons in his day. Two years after completing his medical education the deceased came to Zanesville and last year marked his fiftieth anniversary in practice in that city. Always a student, Dr. Holston kept informed on matters pertaining to his profession and performed many rare and difficult operations. He was the originator, organizer and first chief of staff of Zanesville city hospital, the predecessor of Bethesda hospital, and for many years was active in maintaining the institution. At one time he was surgeon general of Ohio and during the Spanish-American War he was one of three examining physicians who passed upon the physical fitness of over 20,000 troops at Camp Bushnell. Surviving are his wife and one son, Dr. J. G. F. Holston, Jr., of Zanesville, with whom he was associated in practice.

F. Winfield Sapp, M. D., College of Physicians and Surgeons, Baltimore, 1882; aged 63; died at his home in Columbus, September 20, of heart trouble. Dr. Sapp was a native of Danville, O., and practiced medicine in Ohio and western Pennsylvania for a number of years. A few years ago he retired from active practice, spending his winters in Florida and his summers in Columbus and Mt. Vernon. He is survived by his wife and two brothers.

Lieutenant Ralph Thomas Saunders, M. D., M. O. R. C., Ohio State University College of Medicine, Columbus, 1917; aged 25; member of the Ohio State Medical Association; died at Camp Eustis, Virginia, October 13, of pneumonia. Soon after graduation Dr. Saunders came to Sandusky, Ohio, to become assistant surgeon at the Ohio Soldiers' and Sailors' Home. He resigned this position in May to enter the service of his country.

Benjamin F. Severns, M. D., Eclectic College, Cincinnati, 1896; aged 69; died at his home in Marion, September 24, of apoplexy. Dr. Severns practiced in Marion for about twelve years. Surviving are his wife and one son.

Jane Darling Stevenson, M. D., University of Michigan School of Medicine, Ann Arbor, 1918; aged 26; died of influenza, October 6, while serving an internship at Philadelphia General Hospital. Dr. Stevenson was born in Chentu, China, while her father, Dr. David W. Stevenson of Akron, was a medical missionary in that country. Her parents and six sisters survive.

Clarence A. Turner, M. D., Pulte Medical College, Cleveland, 1913; aged 31; member of the Ohio State Medical Association; died at his home in Middle Point, October 2, from pneumonia which developed following influenza. Dr. Turner practiced in Marshallville, Ohio, for two years, then moved to Middlepoint where he has practiced for the past two years. He leaves his wife and one child.

Captain Charles Henry Weintz, M. D., M. O. R. C., Miami Medical College, Cincinnati, 1909; aged 34; member of the Ohio State Medical Association and Fellow of the American Medical Association; died at Camp Sherman, October 14, from complications which followed influenza. Captain Weintz was assistant to Major C. R. Holmes, chief medical officer at the Camp Sherman base hospital, and had been stationed at the camp for more than a year. His home was in Cincinnati, and in civilian practice he was associated with Dr. J. A. Thompson of that city.

Dorence E. Hughs, M. D., Miami Medical College, Cincinnati, 1881; aged 62; member of the Ohio State Medical Association; died at his home in Delaware, September 18, of apoplexy. Dr. Hughs had practiced in Delaware for 32 years. He served as president of the Delaware County Medical Society in 1907. His widow, one daughter, two brothers and three sisters survive.

Charles Barnsdall Parker, M. D., University of Wooster, Medical Department, Cleveland, 1877; aged 65; a member of the Ohio State Medical Association and Fellow of the American Medical Association; died at his summer home on Wooster Road, Rocky River, September 18, from heart disease. Dr. Parker was one of the founders of the Cleveland General and St. Luke's Hospitals, and visiting surgeon to St. John's Hospital; dean and professor of clinical surgery in Ohio Wesleyan University Medical School, Cleveland, from 1894 to 1898, and thereafter senior professor of clinical surgery in Western Reserve University.

Lafayette Roush, M. D., Miami Medical College, Cincinnati, 1868; aged 75; member of the Ohio State Medical Association; died at his home in Pomeroy, September 18, from Bright's Disease. Dr. Roush had been a practitioner of Pomeroy during the past twenty years. He

Illinois State Medical Society Through Committee Advances Objections to State Health Insurance

Now that Ohio is engaged seriously in examining the proposition to establish compulsory state health insurance, *The Journal* feels that it should endeavor to lay before the medical profession data compiled by both proponents and opponents.

Of the latter, in the medical field, the most thorough investigation seems to have been undertaken by the Illinois State Medical Association and by its largest component unit, The Chicago Medical Society.

A special committee of the former, headed by Dr. Charles J. Whalen of Chicago, has just published a special report which clearly sets forth its reasons for opposing the plan.

Here in Ohio the subject is being carefully studied by a state commission, which is under direction to report its findings and to make recommendations to the General Assembly that meets next January in Columbus. Undoubtedly, if we were not engaged in war, this would be a subject of liveliest interest throughout the state. But the very fact that we are in the war, and that war is radically changing medical practice conditions in Ohio, as elsewhere, makes it more than ever necessary that we watch and study this movement—for war, with its depleted supply of doctors available for civilian service, may force the state to turn abruptly to compulsory health insurance.

For this reason we hope our members will read carefully the following report of the Illinois State Medical Association's committee. Read it in a spirit of fairness. We have, in recent issues, presented many statements favorable to the plan.

We believe that the profession in this state is not ready to pass final judgment on the issue, and will await the report of the Ohio survey. But, certainly, some of the points brought out by the Illinois committee are worthy of most careful consideration. The report:

The facts are put squarely to the profession in order to show them all the different phases of the proposition; to set forth all the objections to Public Health Insurance would require a voluminous document, our intention here is only to give a brief synopsis of a few of the most potent objections to our profession:

"1. It is UN-AMERICAN. Americanism means that the individual amounts to something: Paternalism that the individual is non-important but that the State is all-important. Even a benevolent paternalism is harmful because it destroys individualism and discourages thrift.

"2. Former U. S. Ambassador Gerard says: 'That the much-admired Working Men's Insurance in Germany against sickness, unemployment and old age has tied the worker to his job as the surf of old was tied to the soil. The government disposes of his wages to so large an extent that he has not enough left to strike out for himself,

and if by any chance he does break loose, he loses all his past payments.' Again Gerard notes that more than 55 per cent. of the families in Berlin live in a single room, and adds the biting and wholly accurate comment: 'The Germans are taken care of and educated very much in the same way that the authorities here (in America) look after the inmates of a poor house or penitentiary.' A statement which is the sad but literal truth. The German people are not free politically, industrially, intellectually, or in any other way. The German government molds the minds, directs the energies, and even spends the income of its subjects. The Ambassador in reviewing this pernicious system in Germany by which masses are kept in subjugation by the classes says that an economic revolt is needed to free Germany.

"3. Compulsory health insurance for workers is based upon the theory that they are unable to look after their own interests and the State must interpose its authority and wisdom and assume the relationship of parent and guardian. There is something in the very suggestion of their relationship and this policy that is repugnant to free-born citizens because it is at variance with our concepts of voluntary institutions and individual freedom. To compel a citizen, against his will, to enter into any insurance contract and impose upon him the burden of paying the premium in whole or in part is un-American and dangerous to civil liberty.

"4. In the consideration of Public Health Insurance our first thought should be 'is it a good thing for the wage earner and is it predicated upon necessity?' The demand for this legislation has not come from representatives of labor, whether organized or not, but chiefly from those who are not the representatives of wage earners' interests. It is extremely significant that this movement, which primarily concerns wage earners and their dependents, should be strongly opposed by the American Federation of Labor.

"5. The present system, whereby the poor are treated by the most efficient medical men, is far better than the 10-20-30-cent inefficient type of medical service furnished by physicians in communities where health insurance obtains.

"6. The argument that 'poverty is the cause of sickness and not sickness the cause of poverty,' as many of our economists would lead us to believe, is not true, and the mere makeshift of paying a small indemnity in case of illness, and 'broking' the medical service—which would tend to do away with competition in the profession—would only add to the condition of poverty by shifting the burden of paying a living wage and giving steady employment from the place where it belongs.

"According to the report of the Fabian Society of the city of London, the fundamental needs of the poor are essentially want of sufficient wage, want of nourishment, want of warm clothing, want of decent housing, and want of rest.

"7. Only a very small part of the population is without needed medical care, and we deny that any worthy individual is suffering from the want of medical care—so-called surveys made by medically unqualified (therefore incompetent) persons to the contrary notwithstanding.

"8. No health insurance legislation should be enacted before we rectify the unfairness of the present Compensation Law. State insurance for accident compensation should be tried out before we attempt to enact such laws.

"9. Health insurance is not working out satisfactorily in Germany. In England it is charged with giving inefficient and unsatisfactory service to the insured.

"10. Under all the schemes for compulsory health insurance as yet proposed, the persons most needing the insurance will not get it. Those who are out of work, except on account of illness, longer than the extension of one week for each four weeks during the previous 26 weeks of paid-up assessments; those who are unable to get into the voluntary insurance societies because they are unable to pass the medical examination, and those who are not insured because they are unable to get work on account of their age; alcoholism, shiftlessness, general incompetency, or any other disabling condition which prevents them from being employed in times of financial distress or panic, these unfortunate conditions will be magnified manifold.

"11. The mortality is not reduced under health insurance. In 1912 the death rate in Germany was 15.6 per thousand of population. In Austria, 20.5; in Hungary, 23.3; in the same year in Australia the rate was 11.2; in Belgium, 14.2; in Denmark, 13; in the Netherlands, 12.3; in New Zealand, 8.9; in Sweden, 14.2; in Switzerland, 14.1; in all of these countries, with no compulsory health insurance laws in effect the mortality rate was much lower than in Germany, Austria or Hungary, where Health Insurance Laws have been in force periods ranging 21 to 28 years. In the United States the mortality rate in 1912 was 13.9 per thousand population, and in 1915 it was reduced to 13.5; this low rate was obtained in spite of the fact that the ordinary tendency to sickness is aggravated by the great variety of climate peculiar to the United States; by the diversity of races represented in its population, and by the fact that the United States has kept its doors open to millions of emigrants, who were unused to our change in climate and the additional fact that many of them came to our shores physically weakened by toil and privations in their home land.

"12. From the Health Insurance standpoint the scheme is inadequate in that it successfully

avoids giving medical service except to the unusually healthy. You cannot use the healthiest lives in a community and give them selected service on small pay and think that you are doing anything for the community, because a health insurance scheme must take in all lives, the sick as well as the healthy, and must give good service for all.

"13. The lot of the casual laborer would be grievously hard. It is axiomatic that the less a man earns per day the fewer days he works. Many cannot spare the amount necessary to pay the premiums continuously, in order to receive the benefits. Therefore, those who are unable on account of general incompetency, previous illness or any other disabling condition, will be left outside the operation of this bill. The proposed health insurance legislation does not make provision for the very poor, as such plans include the steady workers (a picked group), and not those who most need the insurance.

"Moreover, the casual worker, the physically defective, and the wage earner above the insurable age, who at present are able to provide for their own needs by at least part-time work, would by this bill be forced into voluntary idleness and consequent poverty.

"14. Selection of employees would cease to be based upon efficiency and value to the employer, as at the present time, but upon the state of health and presumptive continuance of this good health. Conversely, when this state of robust health diminished in the employee, the employer would as a matter of self-protection be forced to replace this man with a stronger one.

"15. It would be a barrier for the boys returning from the front, it would be unpatriotic to pass any legislation that would in any way oppose their best interests and health insurance would jeopardize the interest of the incapacitated in the matter of securing employment because no firm or carrier would feel justified in employing a risk that would not be profitable to them.

"16. The United States Commission on Industrial Relations estimated that wage earners in the United States lost an average of nine working days annually through sickness. The American Association for Labor Legislation, the chief advocate of health insurance laws in America, estimated in 1911 that wage earners in the United States experienced an average of sickness disability of 8.5 days annually. The Metropolitan Life Insurance Company, in a sickness survey in North Carolina in 1916, disclosed an annual sickness disability of 7.6 working days for males, and 10.2 for females; its survey made in 1915 in Rochester, N. Y., showed a sickness disability rate of 7 working days per year for males, and 7.7 for females. Its survey work made in 1916 in Boston indicated an annual loss of 6.5 working days for both males and females. The Social Insurance Commission of California, in its report of January, 1917, states that, among wage

earners in that state, an average of 6 days is lost each year because of sickness.

"In Germany in 1913, after Health Insurance laws had been in effect 29 years, sickness disability for each insured member averages 9.19 days annually. In Austria the same year, after Health Insurance Laws have been in effect 24 years, the average was 9.45 days. Because of the war later statistics are unavailable.

"Health insurance would create much malingering. Sixty per cent. of all cases coming before the Insurance Commission of Germany and England are disagreements based upon malingering. Likewise, a great percentage of cases before the Industrial Board in this State are for the determination of continued benefits upon this basis.

"17. The adoption of paternalistic health insurance will destroy in the citizen individual initiative and the incentive to thrift and industry. There will be no longer an incentive for the individual to employ the genius and talents with which he is endowed, to exercise his initiative, to force ahead and better his own condition, stimulated by the thought that he is to enjoy to the fullest extent the reward of his own efforts. If the State is to provide for them in sickness, protect them from misfortune and distress so long as the individual lives, what becomes of that in-born ambition lodged in the heart of every human being to rise above his fellows and, if possible, to succeed where others fail?

"18. The cost of operation will be enormous, and therefore, against the best interests of the taxpayer, the employer and the insured. It is a matter of record that the administration of such funds, as demonstrated by the Associated Charities and kindred organizations, costs over half the fund. Under such a scheme as this compulsory health bill, the tax burden would increase tremendously. Let us see what this law would cost the State of Illinois.

"At \$24 per capita per year, which is the lowest estimate yet made, Illinois' annual bill for State-provided sickness insurance for its 2,400,000 workers of all kinds would be \$57,600,000. Forty per cent. of this, amounting to \$23,040,000, would have to be paid by employers who would increase the cost of commodities, which means that in the end the public would have to pay the increased tax; \$23,40,000 will have to be paid by the workers themselves and \$11,520,000 will be paid out of the State treasury.

"This increase will be on the State tax alone, but it would not end there. The whole cost to every township, city, town, village and county must also be paid by increased taxes, and after the taxpayer has figured out just how much the whole tax amounts to, he can, if he is an employer, add on 40 per cent. for the cost of the insurance of his own employees. In Illinois the employer-taxpayer will find the sum to be paid by them is approximately \$40,000,000. Conditions in Illi-

nois are not such as to warrant this huge expenditure.

"19. With such a large part of the population joined together into societies or funds for their own pecuniary benefit, as the employees and employers would be under the Standard Bill, it would be a dangerous thing for the State if they should be united as a political party under an unscrupulous boss. The rest of the State would be compelled to yield to them in everything.

"20. It is not demanded by the employees, the employers, or by the physicians who will be compelled to work under its provisions. On the contrary, the employees, as represented by organized labor, the employers, as represented by the National Association of Manufacturers, the Real Estate Owners' Association, The New York Chamber of Commerce, the Board of Trade and Transportation, and others—a combination of both employees and employers, as represented by the National Civic Federation; the physicians, as represented by the largest and about 101 other county medical societies in the State of Illinois; the New York Medical Society, and even the Social Insurance Commission of the State of Massachusetts, have all gone on record as being squarely in opposition to the 'Standard Bill.'

"21. While the employer has a great responsibility for occupational diseases, it is unfair to compel him to pay 40 per cent. of the cost of the care and treatment of his employees suffering from sickness due to extrinsic causes when contracted while not at work. The employer's responsibility should only hold during working hours. Venereal diseases and injuries received while committing a misdemeanor or felony should not be held against him.

"22. It would bring about compulsory medical attendance and do away with that personal and confidential relationship between doctor and patient, taking from the sick one that confidence, trust and friendship which is such an important part in the proper treatment of diseases. It is this element which makes the practice of medicine a profession and not a business. It is not wholly the dose of medicine that cures the patient, but success is frequently in a considerable measure due to the confidence the patient has in the family physician. This feeling of confidence, trust and personal relationship between doctor and patient, so essential in promoting restoration to health, should not and must not be disturbed by legislation.

"23. Under the proposed scheme the insurance carrier has the choice of making the arrangements for the medical attendance and treatment of the sick wage earner either with the physician on the panels, if there be any, or with salaried physicians, either with or without free choice of the physician by the sick wage earner, and it is easy to foresee which the employers (for they will dominate the carriers) will choose—the sal-

aried physicians because they can get them more cheaply.

"24. It is the universal experience in medical practice that contract work by the physician is uniformly detrimental to the development of good service and of science. The Standard Bill is simply legislation of the well-known opprobrious and malodorous lodge practice.

"25. Under the provisions of the Standard Bill the physician will be compelled to hire himself out to the insurance carrier on the carrier's terms or he can and undoubtedly will have his practice almost or entirely taken away from him and given to one of the salaried physicians.

"26. We feel that medicine should not be made to bear the brunt of this new experiment in paternalistic government, nor should we permit such legislation to socialize medicine before the public is ready to adopt a complete socialistic form of government.

"27. Why should the profession be taken from the hands of the physician and a price be put upon his services when it is not the case in any other employment? In fact, the trade unions are making their own wage standards and popular

opinion is bearing them out in it. A lay person should have the same right to expect state-provided legal services as he has to demand such medical treatment. If there were a Bureau of Justice established where, in criminal or civil cases, citizens were entitled to the best legal defense at the expense of the tax payer, the legal profession would storm the halls of the Legislature until such practice was declared illegal. But the long-suffering medical profession, from a habit of atavistic submission, meekly kneels down to receive any added burdens which official zeal or personal ambition sees fit to impose.

"28. Honorable Francis Neilson, ex-member of British Parliament, and a student of political economy, speaking before the Chicago Medical Society, December, 1916, said that social insurance in England is a dismal failure; that it was copied after the German system, and that Germany's system is a failure. He says that one has but to investigate all conditions to prove it.

"Under the laws the people are presumably entitled to the best medical service that money can buy, but as a matter of fact they are getting very inferior service."

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MEETING OF OCTOBER 1

The board adopted the following amendment to the Rules and Regulations Governing Limited Practitioners which apply to the qualifications necessary for the licensure of those practitioners included under Groups 1 and 2 of said rules:

"Admission to an examination for a certificate to practice any of the above named may also be obtained by submitting as proof of sufficient basic education documentary evidence of satisfactory completion of the first two years in a recognized school of medicine or osteopathy, and the submission of documentary evidence showing attendance at a school satisfactory to the examiner of the limited branch for a period of at least six months."

Groups 1 and 2 include the practice of chiropractic, mechano-therapy, hydro-therapy and electro-therapy.

The next examination will be held on December 3, 4 and 5.

RECIPROCITY LICENSES

Reciprocity certificates were issued to the following:

Leo Victor English—graduate Northwestern University, Medical School, Chicago, 1916; former residence, Chicago; intended Ohio residence, *Toledo*.

Andrew F. Grant—graduate Queen's University, Kingston, Ontario, 1899; formerly practiced in Iowa, Illinois and Egypt; intended Ohio residence, *Cleveland*.

B. R. Lee—graduate Jefferson Medical College, Philadelphia, Pennsylvania, 1879; practiced in Philadelphia and Atlantic City; intended Ohio residence, *Cleveland*.

James Henry Miller—graduate Leonard Medical College, Raleigh, North Carolina, 1911; intended Ohio residence, *Zanesville*.

Albert Elgin Mott—graduate University of Buffalo, Department of Medicine, 1905; certificated in New York on examination; practiced at Akron, New York; intended Ohio residence, *Hamilton County*.

Jacob D. Rosenman—graduate College of Physicians and Surgeons, Columbia University, New York, 1917; certificated in New York on examination; practiced in New York City; intended Ohio residence, *Akron*.

Marian A. Weightman—graduate University of Illinois, College of Medicine, Chicago, 1915; licensed after examination; served internship at Cook County Hospital, Chicago; intended Ohio residence, *Toledo*.

William S. Howell—graduate Keokuk Medical College, Iowa, 1898; licensed in Iowa on basis of diploma; practiced at Fort Madison, Iowa; intended Ohio residence, *San Toy*.

Henry Noble Crandall—graduate George Washington University Medical School, Washington, D. C., 1904; practiced at Girard and East Springfield, Pennsylvania; intended Ohio residence, *Conneaut*.

L. J. Meurer—graduate Homeopathic Medical College of Missouri, St. Louis, 1899; practiced at Evansville and Carlyle, Illinois; intended Ohio residence, *Port Clinton*.

HEARINGS

—The certificate of Dr. Merton A. Probert of Bloomdale, Wood County, was suspended, after hearing, for associating and lending his name to an illegal practitioner of medicine. Permission was given Dr. Probert to appear before the board at the April meeting and present evidence to show why his right to practice should be restored.

—The matter of the revocation of the license of Dr. O. L. Mapes of Akron was continued to the next meeting. Mapes was cited for extravagant advertising.

—Dr. H. N. Teeters of Steubenville, whose certificate was revoked in 1903, submitted a list of recommendations from prominent citizens of Steubenville asking his restoration. The board advised him, first to complete a course of at least three months' duration in a post-graduate school of medicine, and then appear for reconsideration.

PROSECUTIONS

Secretary Platter reported the following prosecutions of violators of the Medical Practice Act:

—Clara Pearson of Cleveland was found guilty August 30, of the illegal practice of medicine. She was sentenced to \$200 and costs and thirty days. The jail sentence was suspended on promise of good behavior.

—Charles Palotta of Cleveland was found guilty of the illegal practice of medicine. Sentence not yet passed.

—Eva Cipolleski, Cleveland midwife, was found guilty of the practice of medicine and sentenced to \$200 and costs and thirty days.

—Mesdames Julia Dolak, Mike Scopsick and Anna Kren, midwives of Barton, Belmont County, pleaded guilty to the illegal practice of medicine. Each was fined \$25.00 and costs.

—Mrs. A. M. Krumharr, Cleveland midwife, surrendered her certificate to practice in Ohio to avoid prosecution for the illegal practice of medicine.

—M. Cupulo, Cleveland mechano-therapist, was arrested for the illegal practice of medicine and is awaiting trial.

—John Balient of Cleveland was arrested for the illegal practice of medicine and is awaiting trial.

Ohio Needs Better Hospital Provision for its Tuberculous Citizens--Draft Emphasizes Facts

THE present year has been marked in Ohio by a great growth of interest in tuberculosis sanatoria as a necessary feature of the state's public health equipment. Since the first of the year, one new district tuberculosis hospital has been opened, two additional districts have been organized on a permanent basis and have appropriated money for hospitals, and two other proposed districts have effected temporary organizations and seem about to make these permanent. From 1909 (the year the law permitting counties to join in erecting district hospitals passed) through 1917, only four such institutions were opened.

This sudden development of activity is attributed by the State Department of Health to the growth of interest in tuberculosis and its prevention which the war has produced. The draft examinations have brought to light many previously unknown cases of tuberculosis in this country, and the magazines and newspapers have devoted much space to the increase in the prevalence of the disease in the warring nations—especially in France. It is natural that such warnings as this should make Americans take heed more fully than before of the danger which they had previously been too willing to disregard.

Ohio has eleven public tuberculosis sanatoria in operation, providing accommodations for approximately 1,500 patients. These eleven fall into four classes: one state, two municipal, three county, and five district sanatoria.

The state sanatorium, located at Mt. Vernon, cares for incipient cases only. Each county may have at least one patient in the sanatorium at all times. Indigent patients may be sent to the institution at the expense of their home counties, and pay patients are also received.

Municipal hospitals are maintained by Cleveland and Cincinnati, and county institutions by Lucas, Franklin and Butler counties. Any city may found a municipal tuberculosis hospital, but the law permitting the establishment of county hospitals was repealed in 1913, the county hospitals which had been established before the repeal being permitted to continue in operation. County and municipal hospitals provide for both advanced and incipient cases and receive both indigent and self-supporting patients.

Since the repeal of the county hospital law in 1913, the only way open for a county to provide an institution for the care of its tuberculous citizens has been to join with another county or other counties in forming a hospital district. This course was provided for by a law passed in 1909—and therefore in operation concurrently with the county law for four years. Under the district hospital law (Sections 3139 to 3153-7, G. C., inclusive), any group of from two to ten counties

may, by voluntary action of their respective boards of commissioners, approved by the State Department of Health, organize a hospital district and proceed with the establishment of a hospital. The choice of a site, the plans of the hospital, and the estimate of cost must be approved by the State Department of Health. The same law (Section 3139) forbade the maintenance of any person suffering from pulmonary tuberculosis in a county infirmary, giving the State Department of Health authority (Section 3140) to remove any such inmate illegally kept in an infirmary and to place him in a tuberculosis hospital to be maintained at the expense of his county. The district tuberculosis hospital law, therefore, left open to the county commissioners only two courses for the care of indigent tuberculosis sufferers—to join a hospital district, or to make contracts for such care with existing public or private hospitals. The law also provides a convenient means of caring for tuberculosis sufferers able to pay for treatment. In either case the public health is promoted, by the cures which are effected in incipient cases and by the protection against infection of others which is obtained by hospitalizing advanced cases.

Almost immediately after the passage of the district hospital law, Montgomery and Preble counties opened the Dayton district hospital, taking over an institution which had been founded by the Dayton Tuberculosis Society a short time before. These two counties in the present year replaced this pioneer institution with a new sanatorium. The second district hospital was opened at Springfield in 1910, serving Champaign, Clark, Greene and Madison counties. Van Wert, Mercer, Allen, Auglaize and Shelby counties followed in 1911 with a hospital located at Lima. The next institution was opened at Springfield Lake, Summit County, in 1915, and is maintained by Summit, Portage, Stark, Mahoning and Columbiana counties—the largest district in the state, in point of population. The newest of the district hospitals was opened in 1918 at Chillicothe by Ross, Jackson, Pike, Scioto, Highland and Fayette counties.

The two new districts recently organized comprise, respectively, Ottawa, Sandusky, Erie and Lorain counties and Wood, Hancock, Seneca and Crawford counties. Commissioners of the former group of counties have decided to appropriate \$125,000 for their hospital, while the latter counties will spend \$100,000. The original proposal for the former district included Huron County and that for the latter included Wyandot County, but these two counties have not yet decided to join the districts. Sites for these new hospitals have not yet been selected. When these two hospitals are established, forty or more Ohio coun-

ties will be equipped with municipal, county or district tuberculosis hospitals, and the total bed capacity available for public use in the state will be approximately 1,700. It has been estimated that 5,000 beds is a minimum statement of what the state should have to exercise a reasonably effective control over tuberculosis.

Besides these two proposed districts which have effected preliminary organizations, establishment of hospitals is being seriously considered in two other groups of counties. Tuscarawas, Harrison, Jefferson and Belmont counties have organized on a temporary basis, with Carroll considering the question of joining them. Commissioners representing Guernsey, Noble, Morgan, Monroe and Washington counties last month formed a temporary organization also. In this latter group the purchase of the Rocky Glen Sanatorium, privately operated at McConnelsville, has been considered as a possible solution of the district's problem. Other proposed districts, in some of which there is an encouraging amount of interest in tuberculosis hospitals, are indicated on the accompanying map.

The eleven existing state, county, municipal and district sanatoria, according to as accurate an estimate as can be made in the absence of exact figures in many instances, represent a capital investment of over two and one-half millions of dollars.

In commenting on the situation, *The Ohio Public Health Journal* points out that the hospitals are devoting a far greater share of their time to advanced, incurable patients than they are to those in the incipient, curable stages of the disease. A summary of hospital admissions during the three years 1915, 1916, and 1917, classified according to degree of advancement, gives the following statistics: Early cases, 580; moderately advanced, 1,117; advanced, 924; far advanced, 511. The early cases and a certain unknown percentage of the moderately advanced cases may be considered reasonably curable; the chances for cures in the remainder of the moderately advanced and in the two other advanced classes are slight. During the past three years more than two-thirds (possibly three-fourths would be a nearer estimate) of our hospital facilities have been devoted to the care of cases not capable of cure. The figures on discharges during the same period bear out this statement, showing that 367 cases were pronounced arrested upon discharge, 994 improved and 924 unimproved, and that 847 cases (more than twice as many as were arrested) died in the hospitals. That some of these cases pronounced "improved" would have been arrested had they remained in the institutions longer, is a reasonable assumption. The explanation for this situation, of course, is the inadequacy of our present hospital capacity; the immediate need for taking care of advanced patients causes them to be sent to the hospitals, while many in earlier stages

have to remain on the waiting lists as long as they are able to support themselves. Hospitalization of advanced tuberculosis cases is a valuable public health measure, inasmuch as it removes dangerous centers of infection from the community, but the arrest of cases before they reach the stage of menace to other persons is equally important.

Roughly speaking, we may say that we have about one-third the equipment which we should have. The two main needs, therefore, are these: The district system of organization must be extended until every county has a share in a hospital, and the usefulness of each hospital in its own district must be greatly increased.

The increase in the number of districts can be expected to continue steadily through the next few years. The accompanying map shows where the field for extension lies. Enlargement of bed capacity is an obvious need in most district hospitals, the initial work having been done on a small scale with the idea of gradual development.

Just how much enlargement is necessary in a given case depends upon many individual considerations. In general, however, it may be said that the minimum standard for a district hospital's capacity should be a number of beds equal to the annual total of tuberculosis deaths in the district. Figuring on the estimate of five living cases to each death (probably much too low an estimate), the suggested minimum standard will mean that the hospital can give six months' care per year to forty per cent. of the cases in the district. Six months, again, is a minimum estimate of the average time which the patient ought to spend in the hospital to attain a reasonable degree of improvement, although it is more than the present average stay in Ohio. Forty per cent. of the existing cases is probably quite a reasonable estimate on the number which should have hospital care, both for their own protection and for that of the public. This estimate of needed bed capacity, therefore, must not be taken as a statement of the ultimate goal toward which a district should strive; it is rather a statement of the smallest amount of equipment with which the district should be content to operate for any considerable length of time.

Extension of the sanatorium within its district means the carrying out of the full intent of the district hospital law. The plan which such extension should follow is, in brief, as follows: Restriction of the district hospital's facilities to incipient cases; establishment in each county of a branch of the district hospital, under the jurisdiction of the district hospital's medical superintendent, for the care of that county's advanced cases; establishment in each county, also subject to the medical superintendent's control, of a tuberculosis dispensary, with one or more nurses attached to it. This broadening of activities should be preceded or accompanied by a reorganization of the hospital management so as to give

This Map Shows Advance of Ohio in Tuberculosis Hospitalization; and Need for Future Work



Ohio is waking up to the need of proper hospital provision for its tuberculosis citizens. This map, prepared by the State Department of Health, shows the counties that have made this provision, in some degree, and those that have not. Solid black shading indicates hospitals in operation. Double line shading indicates districts organized but hospital not yet built. Single line shading indicates counties whose boards have recently attended joint meeting to consider hospital project.

entire executive control to a full-time medical superintendent.

Such a plan of organization has not yet been put into operation in any of the districts, although it has been urged by the State Department of Health. Organization on this basis would bring the district hospital, through its dispensaries, into close touch with tuberculosis sufferers, who would be likely to receive hospital care at an earlier stage of their disease than now. By segregating the advanced cases in their home counties, the district hospital would be made primarily a curative institution, freed from the necessity of putting applicants in incipient stages on the waiting list because of the immediate necessity for looking after the incurables. This plan of organization recognizes the twofold purpose of tuberculosis hospital work—the segregation of advanced cases dangerous to the public health, and the restoration of incipient cases to health—and makes the hospital adapt itself to this dual need. The adoption of some such plan of organization as this can be expected to take place as Ohio's district hospitals develop.

Both these principal phases of the building up of the district hospital system will be aided and supplemented by wider education of the public in regard to sanatoria and their work, by the provision of a plentiful supply of trained personnel for the hospital staffs, by the improvement and standardization of hospital records, and by the continued development of thorough co-operation between the hospital managements and the State Department of Health.

—Plans are being drawn for a municipal hospital for the care of contagious diseases in Youngstown.

Advertised goods remain stable in price. In these times of advancing prices, advertised goods are sold at less profit than unadvertised goods, hence are more economical for the consumer.

NEWS NOTES OF OHIO

Cincinnati—Dr. Moses Scholtz has moved to Los Angeles, California.

Mt. Gilead—Mrs. Louise Pugh, wife of Dr. George H. Pugh, died at her home here, September 16.

Cable—Dr. Abner H. Middleton has been re-elected as chairman of the local Red Cross auxiliary.

Cleveland—Dr. Edward P. Carter, formerly of this city, is now connected with the medical faculty of John Hopkins at Baltimore.

Logan—Dr. and Mrs. M. H. Cherrington enjoyed a two weeks' motor trip to New York City and other eastern points in September.

Hopedale—Dr. John W. Parkhill of Colliers, West Virginia, a former resident of this village, died, September 25, from injuries received when he was struck by a passenger train.

Dayton—Dr. Vallandigham Bodey has been chosen as the Democratic candidate for coroner, succeeding Dr. C. J. Otto who withdrew to enter the Medical Reserve Corps of the Army.

Pemberton—Drs. Harley E. Ward and Cephas C. Greiner sustained severe injuries by the overturning of their automobile while making a professional call near this city, September 14.

Fremont—Dr. Charles R. Pontius is spending six weeks in New York City, where he is taking advanced work in radiography and bone surgery in the New York Post Graduate and Bellevue Hospitals.

Toledo—Dr. Nelson H. Young, formerly physician at Toledo State Hospital, has moved from Fort Steilacoom, Washington, to Pueblo, Colorado, where he is connected with the Colorado State Hospital.

Toledo—Dr. John North, who has retired after fifty years of practice, is making his home with his daughter in New Rochelle, N. Y. Dr. North was president of the Lucas County Medical Society in 1897, and is a life member of the Ohio State Medical Association.

Cincinnati—An effort is being made to induce Dr. A. Ravogli to again assume the professorship of dermatology in the medical department of the University of Cincinnati. Dr. Ravogli resigned this position six years ago and was succeeded by Dr. M. L. Heidingsfeld, whose recent death created the present vacancy.

Marion—Dr. C. E. Sawyer, chairman of the Marion County War Savings Committee, has been presented with a gold medal by the Ohio committee, in testimonial of his unselfish service in directing successfully the campaign which placed his county in the enviable position of be-

ing among the first in Ohio to complete its 1918 quota of War Savings Stamps.

Cincinnati—Dr. Louis Schwab has recovered from an attack of influenza which he suffered recently at Camp Taylor, Kentucky. Dr. Schwab had been devoting much of his time to the medical side of the Army training problem and had been lecturing and acting in an advisory capacity and while studying the epidemic of Spanish influenza at the camp became seriously ill.

Utilization of Platinum in Unused Instruments

The Journal is asked by the War Industries Board, Washington, to make public the following communication, which is addressed to the physicians and dentists of the entire country by Lieutenant-Colonel F. F. Simpson, chief of the Section of Medical Industry:

"1. In view of the limited supply of platinum in the country and of the urgent demand for war purposes, it is requested that every doctor and dentist in the country go carefully over his instruments and pick out EVERY SCRAP OF PLATINUM that is not absolutely essential to his work. These scraps, however small and in whatever condition, should reach governmental sources without delay, through one of two channels:

- (a) They can be given to proper accredited representatives of the Red Cross who will shortly make a canvass for that purpose.
- (b) They may be sold to the government through any bank under the supervision of the Federal Reserve Board. Such banks will receive and pay current prices for platinum.

By giving this immediate attention you will definitely aid in the war program.

"2. It is recognized that certain dental and surgical instruments requiring platinum are necessary, and from time to time platinum is released for that purpose. It is hoped, however, that every physician and every dentist will use substitutes for platinum for such purposes whenever possible.

"3. YOU ARE WARNED against giving your scrap platinum to anyone who calls at your office without full assurance that that individual is authorized to represent the Red Cross in the matter."

Dr. R. P. Albaugh, chief of the Division of Industrial Hygiene of the state health department, is conducting a survey of sickness in coal mines in Eastern Ohio for the Health and Old Age Commission.

Our advertisers are our true friends. Other things being equal, show your appreciation by patronizing them. Be sure to let them know that you saw their advertisement in our *Journal*.

Classifying Members of Volunteer Medical Service Corps Delayed by Influenza

The influenza epidemic in Washington, which made serious inroads on the clerical staff of the Council of National Defense, Medical Section, is mainly responsible for the delay in the organization of the new Volunteer Medical Service Corps. The headquarters' staff is swamped with work, and it may be some time yet before every Ohio doctor who has applied for membership in the new corps is advised of his election and supplied with the insignia.

Executive Secretary Sheridan, representing the Ohio committee, spent two weeks in Washington in October with representatives from other states, assisting the Central Governing Board in assembling and rendering accessible the information contained in the thousands of questionnaires. Under the plan, all members of the new corps are being arbitrarily classified in four groups—upon a plan somewhat similar to that applied in the development of the selective service law. As the demands of the Surgeon General's Office increase, members in these various groups will be requested by the Central Governing Board to enter active service, through the Surgeon General's Office. In addition to this, by reference to the indexed questionnaires which accompanied the applications, the Central Governing Board will have complete information concerning physicians fitted for special service—internists, hospital executives, surgical specialists, etc.

Owing to the splendid response by the doctors of Ohio, and the spirit with which they met the request, this information assembled in Washington by the Volunteer Medical Service Corps is a complete compilation of data concerning the medical practitioners of Ohio. If it is used by the Central Governing Board in accordance with the plan it has set forth, it should be of very great value in the mobilization of medical men from Ohio. By reference to it, and consideration of the situation from the perspective which it gives, the Central Governing Board will be able to furnish the required number of doctors and at the same time adequately protect civilian needs.

The Central Governing Board has laid down the following as the basis of the general classifications in which all members will be grouped:

Class I. These will be the physicians first recommended by the Central Governing Board to apply for commissions in the Medical Reserve Corps of the Army, Reserve Force of the Navy, or for appointment in the Public Health Service. They include physicians under 55 years of age, who are without an obvious physical disability which is disqualifying, and who have not more than one dependent in addition to self; or who have an income or whose dependents have an income sufficient for the support of dependents other than that derived from the practice of their profession.

There are several exceptions provided for because of evident essential needs. Whether a physician's services are essential to his community will be established by the Central Governing Board on recommendation of representatives of the Board appointed by it to make a survey of local conditions. Whether a physician is essential to an institution with which he may be connected will be established after conference between representatives of the Central Governing Board and representatives appointed by governing bodies of the institutions concerned. Similarly, the question of whether a doctor is essential to a health department will be established by conference between the Central Governing Board and the head of that health department. The question whether a teacher in a medical school is essential to that position will be established by the Central Governing Board and representatives of the institution. Conference between the Board and accredited representatives of industries concerned will determine whether doctors employed as industrial physicians are essential in those positions. A physician essential on his local or medical advisory board will not be disturbed.

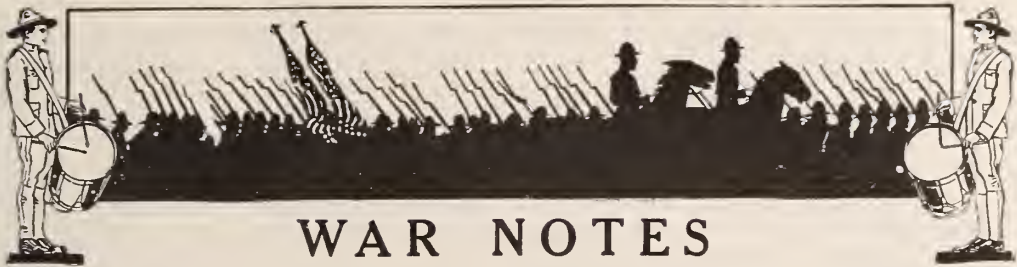
Class II. In Class II are physicians under 55 years of age who are without an obvious physical disability which is disqualifying, and who have not more than three dependents in addition to self. These will be recommended by the Central Governing Board, when the need exists, to apply for commissions.

Exceptions in Class II are the same as in Class I.

Class III. These are physicians under 55 years of age who are without an obvious physical disability which is disqualifying, but who have more than three dependents in addition to self; and they are the physicians included among the exceptions from Classes I and II, namely, those essential to communities, institutions, health departments, medical schools or industries. They will be recommended by the Central Governing Board to apply for commissions when the emergency is so great as to demand their services.

Class IV. In Class IV are the physicians who are ineligible for commissions in the Medical Reserve Corps of the Army, or Reserve Force of the Navy, but who are available for all other services. The physicians in this class include those over 55, those having an obvious physical disability which is disqualifying, and those rejected for all government services because of physical disability.

Physicians not professionally eligible for the Medical Reserve Corps of the Army or for the Reserve Force of the Navy, or for appointment in the Public Health Service, will be recorded but not admitted to the Volunteer Medical Service Corps.



WAR NOTES

Dr. Charles S. Hamilton of Columbus, medical aide to the governor, who is in charge of medical phases of the selective service plan in Ohio, is now devoting full time to this important work. He is stationed at the State House and his rank has been increased to that of major. Dr. Hamilton's large surgical practice is being cared for by Dr. E. C. Brock, his assistant.

Dr. Jonathan K. James of Delaware has received appointment as a contract surgeon. His duties will cover the medical and sanitary care of the unit of students in the Army Training Corps at Ohio Wesleyan University and induction into the corps.

Dr. Mark Millikin of Hamilton, secretary of the Butler County Medical Society, has reported for active service at Camp Jackson, Columbia, South Carolina. Dr. Millikin holds a first lieutenant's commission.

Dr. Fred L. Rhodes of Toledo, lieutenant, M. O. R. C., has been transferred from the U. S. Army General Hospital, New York City, to Evacuation Hospital Unit No. 31, Camp Hancock, Augusta, Georgia. Major Fred Fletcher of Columbus is chief operating surgeon of this unit.

Dr. Edwards H. Porter of Tiffin, secretary of the Seneca County Medical Society, has been commissioned a captain in the Medical Officers Reserve Corps. He reported at the base hospital at Columbia, South Carolina, in early October.

Dr. F. M. Houghtaling of Huron, lieutenant, M. O. R. C., is serving as a member of the Classification Board at Camp Pike, Arkansas.

Dr. A. L. Smedley, who resigned recently after serving seven years as health officer of the city of Hamilton, has reported at Ft. Oglethorpe.

Dr. L. L. Syman of Springfield, captain, M. O. R. C., has been appointed medical officer in charge of the Students' Army Training Corps at Wittenberg College. After graduating from the medical officers training school at Fort Riley, Kansas, in August, 1917, Dr. Syman was assigned to duty at Camp Lewis, Washington, where he was regimental surgeon of the 362 in-

fantry. He returned home early in 1918, having been discharged because of illness.

Dr. E. R. Schoolfield of Bucyrus has been commissioned a captain in the Medical Officers Reserve Corps and is stationed at Camp Greenleaf, Fort Oglethorpe, Georgia.

Word has been received of the safe arrival of Dr. W. A. Quinn of Portsmouth, captain, M. R. C., who sailed for France on August 30 with Evacuation Hospital No. 19. Before leaving for France Dr. Quinn was stationed at Camp Dix, New Jersey, for eight months.

Three Logan County physicians reported for active military service in the latter part of September. Dr. W. G. Stinchcomb of Bellefontaine reported at Camp Mead, Admiral, Maryland, and Drs. Frank B. Kaylor of Bellefontaine and Alfred M. Curl of Quincy reported at Camp Taylor, Louisville, Kentucky.

Dr. A. C. Bachmeyer, superintendent of Cincinnati General Hospital, has been promoted from the rank of captain to that of major and has been placed in charge of United States Army General Hospital at Carlisle, Pennsylvania. The hospital at Carlisle, on the site of the old Indian School, will be one of the largest war hospitals in the country. Buildings are now under way for housing 2,000 patients, and opportunity for extension is unlimited. Major Bachmeyer will have a staff of 50 officers of the Medical Corps, 800 enlisted men and 100 or more trained nurses. When the hospital is completed rehabilitation and reconstruction work will be added to general treatment of wounds and diseases.

Dr. George A. Gorsuch of Bowling Green has been promoted to the rank of captain and transferred from Camp Taylor, Kentucky, to Camp Sheridan, Alabama.

Drs. Charles K. and W. C. Teter of Cleveland have received a cablegram from naval officials to the effect that their brother, Assistant Surgeon Hadley H. Teter is among the missing on the U. S. S. Tampa, sunk in foreign waters September 26 and losing 118 men. The Tampa, a patrol boat, was torpedoed while escorting a convoy, official reports indicate. Surgeon Teter boarded

the ship in May and had last been heard from in Morocco in August. He made his home with his brothers in Cleveland.

Dr. Webb J. Kelly of Piqua has received notice of the safe arrival overseas of Dr. Michael R. Haley, also of Piqua.

Dr. Charles D. Hauser, chief of the surgical staff of St. Elizabeth's Hospital, Youngstown, has been commissioned a captain in the Medical Officers Reserve Corps. Captain Hauser reported to Camp Sherman for duty October 15.

Dr. Roger G. Perkins, chief of the Cleveland bureau of hygiene, and director of laboratories for Western Reserve University, sailed for France in October to assume his duties as medical associate of the U. S. scientific attache in Paris.

Major John D. O'Brien of Canton is serving as chief of the medical service in United States Hospital No. 52 in France. In addition to his work in this hospital, which has a capacity of 2,000 beds, Dr. O'Brien is commanding officer of a hospital of about 250 beds "War Neuroses." Dr. O'Brien reports that both institutions are in their infancy, with prospects for enlargement very good.

Because of press of professional and hospital duties, Dr. John M. Withrow of Cincinnati has tendered his resignation to Governor Cox as a member of Division No. 3 of the Federal District Exemption Board, Southern District of Ohio.

Dr. Lewis W. Potts, medical superintendent of Warrensville Correction Farm, reported for duty as a first lieutenant at Fort Oglethorpe, Georgia, October 4.

It is reported that Dr. Max Marowitz, a former house physician in St. Elizabeth's Hospital, Youngstown, recently died from wounds received in battle. Dr. Marowitz volunteered for service immediately following the entrance of United States into the war, and has been overseas for more than a year.

Dr. Henry Graefe, Jr., of Sandusky, lieutenant, M. R. C., is serving with U. S. Army Base Hospital No. 1 (Bellevue Hospital Unit of New York), which sailed for France the latter part of February. The unit was assigned to Vichy, which has become one of the largest medical centers of the A. E. F., with five base hospitals accommodating 20,000 patients. Dr. Graefe has been chosen to lecture on surgery and give clinical instruction and ward work on fractures and orthopedics in a school for casual unattached medical officers, which was recently organized.

A note from Dr. Charles W. McGavran of Columbus, captain, M. R. C., who is on duty at the base hospital at Camp Shelby, Mississippi, advises us that he is doing his best to "lick the Hun." "Glad I'm in," says Captain McGavran.

The tuberculosis unit sent to Italy by the American Red Cross, with which several Ohio men are connected in staff positions, is using up-to-date methods in its propaganda. Its equipment includes ten traveling automobile dispensaries, three completely equipped for dental work and the others for general medical work, and fourteen motion picture machines. It has been planned to have the publicity department attached to the unit start out several weeks in advance and awaken public interest in the movement. The motion pictures will follow with a display of health propaganda prepared in story form, and then will come the members of the unit to organize the health work in each town.

SURGEON GENERAL GORGAS RETIRES

Major General Merritt E. Ireland took office October 5 as Surgeon General of the United States Army, succeeding Major General William C. Gorgas, retired. Major General Gorgas is now in Europe with Secretary Baker. It is reported that he will remain there as medical representative of the United States at the allied War Council.

Recommended for Commissions

The Ohio profession is establishing an enviable reputation by its ready response to the call of the government for medical men. From September 1 to 25, 199 Ohio physicians were recommended by the Surgeon General for commissions in the Medical Officers Reserve Corps. This is the largest number recommended in any single month since United States entered the war and surpasses by 80 the number recommended for commissions in July, which was the banner month previously. We call attention to the fact that this is not a list of those who entered service in September, but merely a notation of those to whom the government offered commissions in that month.

Leo Clair Neiswander.....	1st Lt.
Fred Crawford Bissell.....	1st Lt.
J. Leon Jones.....	1st Lt.
Edward Benedict Malloy.....	1st Lt.
Bode Emanuel Miller.....	1st Lt.
Frederick William Riley.....	1st Lt.
Carl Rossow Steinke.....	1st Lt.
William Dennison Wise.....	Capt.
Perry Firestone King.....	Capt.
Louis Fred Mutchman.....	1st Lt.
John Kirtland Tressel.....	Capt.
Stephen, Charles Ira.....	1st Lt.
George Peter Riebel.....	1st Lt.
Jay Clement Johnson.....	1st Lt.
Emil Kahn.....	1st Lt.
Philip Lee Ring.....	1st Lt.
Frank Blair Kaylor.....	1st Lt.
Orla Wirt Leffer.....	Capt.
William Gale Stinchcomb.....	1st Lt.
Adelbert N. Vandeman.....	1st Lt.
Harley Jesse Powell.....	1st Lt.
Edward Raymond Schoolfield.....	Capt.

Lewis A. Buchman.....	Canton	Capt.	Edgar Bertram Schneider.....	Norwood	1st Lt.
Clarence Eli Exline.....	Canton	1st Lt.	Aaron Fenton Burson.....	Oakwood	1st Lt.
Samuel Edward Folk.....	Canton	1st Lt.	Corydon O. Beardsley.....	Ottawa	Capt.
Levin Bradfield Smock.....	Canton	1st Lt.	Michael Howard Carmedy.....	Painesville	Capt.
Leander Douglas Stoner.....	Canton	1st Lt.	Kinsey C. Evans.....	Payne	1st Lt.
Walter David Moccabee.....	Cardington	1st Lt.	Merlin Hulbert Bowers.....	Perrysburg	1st Lt.
Samuel Kolland Bame.....	Carey	1st Lt.	Robert Dorwin Spencer.....	Piqua	1st Lt.
Wilson H. Thompson.....	Celina	1st Lt.	Earl Adelbest Yates.....	Piqua	1st Lt.
Robert Benson McLaughlin.....	Centerburg	Capt.	Owen Roy Kackley.....	Pleasant City	1st Lt.
Charles Dodge Slagle.....	Centerville	Capt.	Alfred McKinnon Curl.....	Quincy	1st Lt.
Frank Moore Burns.....	Cincinnati	Capt.	Francis Glenn Smith.....	Reily	1st Lt.
John Jacob Conzett.....	Cincinnati	1st Lt.	Frederic Warren Conley.....	Sherwood	1st Lt.
William Shaw Kautz.....	Cincinnati	1st Lt.	Ira David Baxter.....	Spencerville	1st Lt.
Joseph Thomas Kennedy.....	Cincinnati	1st Lt.	Howard H. Austin.....	Springfield	1st Lt.
Francis Ferdinand Kramer.....	Cincinnati	1st Lt.	Thomas William Mahoney.....	Springfield	1st Lt.
William Carson Langdon.....	Cincinnati	1st Lt.	William Spowart Funcheon.....	Steubenville	1st Lt.
Howard Nelson Leeds.....	Cincinnati	1st Lt.	George Frederic Bainter.....	Strasburg	1st Lt.
Gordon Frank McKim.....	Cincinnati	Capt.	Charles George Goll.....	Stryker	1st Lt.
Francis Marion Oxley.....	Cincinnati	1st Lt.	Burton Roy Miller.....	Tiffin	1st Lt.
Dudley White Palmer.....	Cincinnati	Capt.	Harry Earl Braley.....	Swanton	1st Lt.
Arthur Pfeiffer.....	Cincinnati	1st Lt.	Lorenzo Don Nelson.....	The Plains	1st Lt.
William Ravine.....	Cincinnati	Capt.	Frank Raymond Clemson.....	Thornville	1st Lt.
Henry Michie Schneider.....	Cincinnati	1st Lt.	William Henry Benner.....	Tiffin	1st Lt.
William Anthony Teveluwe.....	Cincinnati	1st Lt.	Edwards Hyndshaw Porter.....	Tiffin	Capt.
Lew Wallace Potts.....	City Farm	1st Lt.	George Washington Willard.....	Tiffin	Capt.
Jacob Bronner Austin.....	Cleveland	Capt.	Stanley Blair Andrews.....	Toledo	1st Lt.
Elroy Vernon Bishop.....	Cleveland	1st Lt.	Zephanih Harold Ballmer.....	Toledo	1st Lt.
Harold Arthur Budd.....	Cleveland	1st Lt.	James Mortimer Bessey.....	Toledo	Capt.
Arthur Thompson Carter.....	Cleveland	1st Lt.	Robinson Leroy Bidwell.....	Toledo	1st Lt.
Karl Holdon Chandler.....	Cleveland	1st Lt.	George DeAlton Black.....	Toledo	1st Lt.
Thomas Arthur Costello.....	Cleveland	1st Lt.	William Oscar Bonser.....	Toledo	1st Lt.
Albert Mealy Dunlap.....	Cleveland	1st Lt.	Basil Buthemay Brim.....	Toledo	1st Lt.
Samuel William Evans.....	Cleveland	Capt.	Roderick Martin Campbell.....	Toledo	1st Lt.
Arnold Proteham Furrer.....	Cleveland	Capt.	Fred Allen Cobb.....	Toledo	1st Lt.
Paul John Hanzlik.....	Cleveland	Capt.	William Andrew Gowing.....	Toledo	Capt.
William Frederick Jamison.....	Cleveland	1st Lt.	Irving Harry Hammer.....	Toledo	Capt.
Ernest George Kuhlman.....	Cleveland	1st Lt.	Roy Alden Harris Knisely.....	Toledo	1st Lt.
Wenzel August Medlin.....	Cleveland	Capt.	James Joseph Lasalle.....	Toledo	Capt.
Denver Harry Patterson.....	Cleveland	1st Lt.	Louis A. Levison.....	Toledo	Capt.
George William Pullen, Jr.....	Cleveland	1st Lt.	Joseph Benedict Metzgar.....	Toledo	1st Lt.
Samuel Sandy Quittner.....	Cleveland	1st Lt.	Paul Morse Patterson.....	Toledo	1st Lt.
Eugene David Rosewater.....	Cleveland	1st Lt.	Russell Haywood Quick.....	Toledo	Capt.
Frank Benedict Rosinoki.....	Cleveland	1st Lt.	Ricard Eugene Sinke.....	Toledo	1st Lt.
Edwin Herbert Season.....	Cleveland	Capt.	Lewis Frederic Smead.....	Toledo	Capt.
Frank Edward Sexton.....	Cleveland	1st Lt.	John Stamm.....	Toledo	1st Lt.
Wilfrid Doors Sharp.....	Cleveland	Capt.	Albert Louis Steinfeld.....	Toledo	Capt.
William Edgar Frego.....	Cleveland	1st Lt.	J. Summer Teter.....	Toledo	1st Lt.
John Bertrant Woodworth.....	Cleveland	Capt.	Frank Curtis Titus.....	Toledo	1st Lt.
Hugh Gibson Beatty.....	Columbus	1st Lt.	Edward Shafer Wendt.....	Toledo	1st Lt.
James Maurice Bowman.....	Columbus	1st Lt.	Leonidas Aaron Willoughby.....	Toledo	Capt.
John William Brobst.....	Columbus	1st Lt.	Benjamin Lawrence Casey.....	Toronto	1st Lt.
Charles Harry Creed.....	Columbus	1st Lt.	Joseph Stanley Shinn.....	Troy	1st Lt.
Mark David Godfrey.....	Columbus	1st Lt.	Frank Floyd Barger.....	Urbana	1st Lt.
Conrade Alleyne Howell.....	Columbus	Capt.	Frederick Phillip Kreider.....	Van Wert	Capt.
Charles Levering Ireland.....	Columbus	Capt.	Edward Garrie Replogle.....	Versailles	1st Lt.
Leonard Frank Lauf.....	Columbus	1st Lt.	Theodore Ambrose Campbell.....	Wapakoneta	1st Lt.
James Garfield Sherman.....	Columbus	1st Lt.	Percy Edwin Decatur.....	Washington C. H.	1st Lt.
George Washington Woods.....	Columbus	Capt.	Otis D. Critchfield.....	West Unity	1st Lt.
Charles Darwin Sidle.....	Convoy	1st Lt.	Horace Lyman Prouty.....	West Unity	1st Lt.
Walter Wingert Mannhardt.....	Custar	1st Lt.	Fred Fernando DeVore.....	Whitehouse	1st Lt.
Gilbert Thompson Brown.....	Dayton	1st Lt.	Floyd Edward Ginder.....	Williamsport	1st Lt.
Larren Ray Ellars.....	Dayton	1st Lt.	John R. Davis.....	Woodruff	1st Lt.
Robert Harry Firth.....	Dayton	1st Lt.	Ralph Alexander Dalbey.....	Youngstown	1st Lt.
Walter Davis Gregg.....	Dayton	1st Lt.	Charles David Hauser.....	Youngstown	Capt.
Henry Louis Meckstroth.....	Dayton	1st Lt.	William Edward Higgs.....	Youngstown	1st Lt.
William Roehm.....	Dayton	1st Lt.	Washington Leonidas Jones.....	Youngstown	1st Lt.
William Henry Swisher.....	Dayton	1st Lt.	William Eugene Ranz.....	Youngstown	Capt.
Edwin John Lauber.....	Defiance	1st Lt.	Alex Horton Rosenblum.....	Youngstown	1st Lt.
John Bushy Ury.....	Defiance	Capt.	Arthur Peter Smyth.....	Youngstown	1st Lt.
George Hartnagel.....	Delphos	1st Lt.	Edgar Milton Brown.....	Zanesville	Capt.
Richard D. Clippinger.....	East Liberty	1st Lt.	Harry Reasoner Geyer.....	Zanesville	Capt.
Ellsworth Frances Brandon.....	Edon	1st Lt.	Clarence Githons McPherson.....	Xenia	1st Lt.
Charles Smith.....	Elida	1st Lt.			
William Henry Rabberman.....	Forest	Capt.			
Homer Andrew Crossett.....	Gibsonburg	1st Lt.			
William Robert Crume.....	Gratis	1st Lt.			
Tholph Phillip Fast.....	Grover Hill	1st Lt.			
John Rufus Hulbert.....	Jamestown	1st Lt.			
Delbert Chester Fox.....	Kenton	1st Lt.			
Elmer S. Protzman.....	Kenton	Capt.			
Alfred William Anderson.....	Lakewood	1st Lt.			
Robert Miller Blair.....	Lebanon	1st Lt.			
William Edward Blair.....	Lebanon	1st Lt.			
Alan DeGrief Knisely.....	Lima	Capt.			
John Rogers Parry.....	Lima	1st Lt.			
James Bishop Poling.....	Lima	1st Lt.			
Oliver Silas Steimer.....	Lima	Capt.			
Joseph Gilbert Whitacre.....	Lodi	1st Lt.			
Valloyd Adair.....	Lorain	1st Lt.			
David Thomas.....	Lorain	1st Lt.			
Edgar Horace Knowlton.....	Mantua	Capt.			
Clinton John Altmaier.....	Marton	1st Lt.			
Robert Sweeney Dombaugh.....	Marton	1st Lt.			
Francis Edgar Mahla.....	Marton	1st Lt.			
Herman Sweetser Rhu.....	Marton	1st Lt.			
Charles Buchanan Messerly.....	Martins Ferry	Capt.			
James Stanley Williams.....	Massillon	1st Lt.			
Jesse John Heaton.....	McCutchenville	1st Lt.			
William Aaron Stoutenborough.....	Mechanicsburg	1st Lt.			
William Claude Martin.....	Monroeville	1st Lt.			
Henry Frederick Rolfs.....	Napoleon	1st Lt.			
Charles Edgar Welch.....	Nelsonville	Capt.			
Loren Lee Frick.....	North Canton	1st Lt.			
Jonas Dabner Hartzell.....	North Star	1st Lt.			

Diphtheria Anti-toxin

Prompt use of antitoxin in diphtheria cases is urged by the state health department in calling attention to the expected high prevalence of this disease during the fall months.

Diphtheria antitoxin, it is pointed out, is now obtainable at any drug store whose proprietor desires to carry a stock of the product, instead of being available only at those drug stores which are distributing stations for the state health laboratories, as was formerly the case.

By a new contract with the manufacturers who supply Ohio's antitoxin needs, arrangements have been made whereby any druggist may purchase antitoxin direct from the manufacturers in the same manner as any other article of merchandise. By the same contract, antitoxin prices have been reduced.



Through the courtesy of The Baltimore News we are permitted to publish the above photograph taken at the German prison camp Rastatt located at Baden. The second man from the left is Captain Charles W. Maxson, of Steubenville, a member of the Publication Committee of *The Journal*, who has been a prisoner at Rastatt since April when he was captured while serving as physician with the British Expeditionary Forces in Flanders. The photograph was taken by one of the German officers and forwarded to Mrs. Maxson who is living in Baltimore awaiting the return of her husband.

Captain Maxson will have a wonderful story to relate on his return to America. He arrived in England at a time when the outlook was exceedingly black for the allies, and after his transfer to General Haig's forces, was in the midst of some of the hardest fighting the world has ever seen. When the Germans launched the tremendous April drive, he was serving with the surgical team in the front line, and three days before his capture was cited by the British staff for distinguished bravery. When the British were forced into a hurried retreat, Captain Maxson stayed with the hospital. He was operating when the German advance guard arrived and was unaware that the British had retreated.

Mrs. Maxson has received regular although carefully censored communications during recent months and has been able to send him food and other small articles through the American Red Cross. Captain Maxson reports that he has been well treated during his imprisonment, and that his health is good.

Watch the Politicians

The doctor who doesn't take an intelligent interest in the political situation this Fall is not 100 per cent. patriotic. Sinister forces take advantage of times like these, when the public mind is intent on other things, to "dig in" through legislative and administrative crookedness.

These forces are busy this year. Be particularly careful to scan the records and learn the affiliations of men who seek to represent your county in the Legislature—both House and Senate. If a candidate has served a previous term in either branch, and you want his record on medical and public health matters, write Executive Secretary Sheridan at the Columbus office.

Orders to Ohio Physicians in Military Service

To Camp A. A. Humphreys, Virginia—Lieutenants O. H. Riemenschneider, Cleveland; T. Walkup, H. H. Webster, Dayton.

To Camp Abraham Eustis, Virginia—Lieutenants S. Wolf, Cincinnati; F. McLeish Stratton, Pioneer.

To Camp Beauregard, Louisiana—Lieutenants C. C. Patton, Ashland; L. A. Oster, Cleveland.

To Camp Cody, New Mexico—Captain W. M. Blaine, Youngstown.

To Camp Crane, Pennsylvania—Major N. M. Jones, Cleveland. Captains A. E. Ibershoff, Cleveland; C. D. Hoy, Columbus. Lieutenants M. S. Griffith, Batavia; E. H. McDonald, Bloomburg; A. N. Smith, R. H. Markwith, Columbus; S. H. Miller, Marble Cliff; V. B. Halbert, Sylvania; C. T. Bahler, Walnut Creek.

To Camp Custer, Michigan—Lieutenant L. G. Sheets, Cleveland.

To Camp Dix, New Jersey—Lieutenants W. J. Smith, Arcanum; H. L. Wells, Cambridge.

To Camp Dodge, Iowa—Lieutenant E. C. Mylott, Cleveland.

To Camp Gordon, Georgia—Captain F. W. Hitchings, Cleveland; Lieutenant L. R. Court-right, Dayton.

To Camp Grant, Illinois—Captain E. L. Leonard, Fulton. Lieutenants J. E. Springer, Akron; H. F. Burman, Toledo.

To Camp Greene, North Carolina—Lieutenant J. J. Sweeney, Toledo.

To Camp Hancock, Georgia—Major Fred Fletcher, Columbus. Lieutenant R. B. Bowen, Toledo.

To Camp Holabird, Maryland—Major R. W. DeCrow, Newark.

To Camp Joseph E. Johnston, Florida—Lieutenant C. A. Lingenfelter, Bucyrus.

To Camp Kelly, Texas—Captain M. C. Phillips, Fremont.

To Camp Knox, Kentucky—Lieutenant E. M. Collier, Toledo.

To Camp Lee, Virginia—Captain H. W. Blair, Mt. Vernon. Lieutenants E. P. Kennedy, Cleveland; W. N. Rogers, Hamilton.

To Camp Logan, Texas—Lieutenant M. M. Critchlow, Hamilton.

To Camp McArthur, Texas—Captain C. S. Manss, Cincinnati. Lieutenant E. H. Haymann, Murray.

To Camp McClellan, Alabama—Lieutenants R. A. Thornton, Columbus; C. B. Hamma, Springfield.

To Camp Meade, Maryland—Captain E. H. Morgan, Gallipolis. Lieutenants C. R. Johnson, Cambridge; C. W. Sawyer, Marion.

To Camp Pike, Arkansas—Major A. W. Freeman, Columbus. Lieutenants S. A. Conrad, Leetonia; A. R. Carr, Paulding; J. W. Croft, West Liberty.

To Camp Sevier, South Carolina—Captain H. B. Dornblaser, Springfield. Lieutenant H. H. Talbott, Steubenville.

To Camp Shelby, Mississippi—Captain D. C. Houser, Urbana. Lieutenants D. V. Davis, Cleveland; R. E. Lightner, Kingston.

To Camp Sheridan, Alabama—Captain H. M. Tarr, Cleveland. Lieutenant G. A. Gorsuch, Bowling Green.

To Camp Sherman, Ohio—Major Philip Gath, Cincinnati.

To Camp Upton, New York—Captain J. R. Tillotson, Delphos. Lieutenant W. L. Lathrop, Metamora.

To Camp Zachary Taylor, Kentucky—Lieutenant M. C. Houston, Urbana.

To Colonia, New Jersey—Lieutenant H. S. Shamansky, Cincinnati.

To Fairfield, Ohio—Captain A. H. Seeds, Columbus.

To Fort Benjamin Harrison, Indiana—Captain W. C. Gates, Bucyrus.

To Fort Oglethorpe, Georgia—Lieutenants W. R. Keller, Canal Dover; D. H. Coleman, W. J. Graf, Cincinnati; J. D. Wender, Dayton; N. J. Seybold, Toledo.

To Fort Sam Houston, Texas—Lieutenant W. R. Chynoweth, Dayton.

To Fort Snelling, Minnesota—Lieutenant C. R. Fishel, Thurston.

To Garden City, New York—Lieutenant J. G. Martin, New Concord.

To Hoboken, New Jersey—Captain H. J. Herrick, Hudson. Lieutenants G. R. Wilkins, Cleveland; A. B. Brower, Dayton.

To Jefferson Barracks, Missouri—Captain A. M. Painter, Youngstown. Lieutenant G. H. Reeve, Cleveland.

To Syracuse, New York—Lieutenant R. A. Thornton, Columbus.

To West Point, Mississippi—Lieutenant J. M. Pumphrey, Mt. Vernon.

To Williamsbridge, New York—Lieutenant J. A. Mellon, Columbiana.

Honorably discharged because of physical disability—Captain L. Fast, Paulding. Lieutenants J. L. Todd, Canton; J. T. Boykin, Cleveland; E. E. Sheffield, Elyria; I. P. Seiler, Piketon; W. A. Ort, Springfield.

MARRIAGES IN OHIO

Dr. Samuel Wilson McEwan, Lieutenant, U. S. N. R. F., to Miss Ethel Belle Allee, both of Cincinnati, September 11.

Dr. George William Schaefer, Bridgeport, Ohio, to Miss Corynne Price Bush of Wheeling, West Virginia, at Columbus, August 29.

Dr. Claude Vernet Davis, Cleveland, to Miss Laura Sheridan of Connelsville, Ohio, September 21.

THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

ADAMS COUNTY

Ellison, S. J. *West Union*
 Kennedy, Edwin J. *Peebles*
 Irwin, J. W. *Seaman*
 Irwin, R. W. E. *Manchester*
 Sproull, O. T. *West Union*

ALLEN COUNTY*Lima*

Basinger, H. L.	Knisely, A. D.
Bradfield, T. C.	Longworth, M. J.
Chenoweth, O. E.	Parent, M. V.
Clayton, G. R.	Pfeiffer, Albert
Curtiss, E. J.	Sibert, A. V.
Hay, Virgil H.	Sinks, E. D.
Herr, A. H.	Tallman, Claude A.
Hibbard, Burt	Vorbau, W. H.
Johnson, J. R.	Wagner, M. A.
Jones, Arthur L.	Weadock, E. G.
King, G. W.	Yingling, E. C.

Baxter, I. D. *Spencerville*
 Brunk, C. F. *Elida*
 Gamble, Charles D. *Spencerville*
 Hauman, L. H. *West Cairo*
 Miller, G. E. *Elida*
 Soash, M. D. *Bluffton*
 Steiner, Josiah S. *Bluffton*
 Tillotson, J. R. *Delphos*
 Wolfe, John R. *Delphos*

ASHLAND COUNTY*Ashland*

Ash, Ray C.	Mohn, D. C.
Crawford, R. B.	Patton, C. C.
Fridline, J.	Powell, Otho J.
Meuser, C. B.	

Heyde, Jacob M. *Loudonville*

ASHTABULA COUNTY*Ashtabula*

Collander, Paul,	Pardee, A. H.
Crosby, Charles C.	Stewart, Neville E.
Driscoll, F. J.	Wynkoop, R. B.

Conneaut

Leet, W. H.	Wilson, Harold
Warner, Otto N.	

Dickson, O. A. *Jefferson*
 Graham, O. L. *Kinsville*
 Lewis, George W. *Pierpont*
 Schofield, Charles. *Rock Creek*
 Sellers, Robt. R. *Orwell*
 Sherwood, Z. O. *Geneva*

ATHENS COUNTY*Athens*

Andrews, C. H.	Goldsberry, B. R.
Crawley, J. R.	Hooper, E. L.
Douthitt, C. M.	Lekoy, Bernard R.
Farmer, A. G.	Merwin, J. T.

Danford, V. G. *Trimble*
 Dew, C. G. *Nelsonville*
 Flinn, George E. *Amesville*
 Harper, E. D. *Guysville*
 McLaughlin, P. R. *Guysville*
 Pedigo, S. E. G. *New Marshfield*
 Sprague, Wiley T. *Chaucey*
 Webb, C. C. *Albany*
 Welch, C. E. *Nelsonville*

AUGLAIZE COUNTY*St. Marys*

Deerake, W. A.	Noble, W. A.
Noble, Harry Spencer	Shuffleton, F. A.

Anderson, W. M. *Wapakoneta*
 Day, J. M. *Waynesfield*
 Haveman, George A. *New Bremen*

BELMONT COUNTY

Barrett, Park M.	St. Clairsville
Berry, J. C.	Shadyside
Evans, Forest M.	Bellaire
Judkins, R. J.	Barnesville
McCartney, J. T.	Barnesville
McGinnis, J. C.	Martins Ferry
Reed, Charles L.	Bellaire
Wright, Fred S.	Bellaire

BROWN COUNTY

Chaney, Herbert M. *Sardinia*
 Jackson, E. D. *Georgetown*
 Tyler, George P., Jr. *Ripley*

BUTLER COUNTY*Hamilton*

Graft, John A.	Skinner, Dan M.
Griffith, W. E.	Smedley, C. D.
Rogers, W. N.	

Beach, Wilbur E. *Somerville*
 Clark, B. *Shandon*
 Bower, E. O. *Middletown*
 Murat, Halstead S. *Middletown*
 Silver, H. *Middletown*
 Wilke, A. B. *Oxford*

CARROLL COUNTY

Rheil, J. A. *Malvern*
 Shipley, R. T. *Carrollton*

CHAMPAIGN COUNTY*Urbana*

Barger, F. F.	Moore, D. H.
Houser, D. C.	Pearce, H. M.
Houston, M. C.	Smith, M. L.

Hamsher, J. F. *St. Paris*
 Harrell, Martin E. *Woodstock*
 Jenkins, J. T. *St. Paris*
 Norman, J. W. *St. Paris*

CLARK COUNTY*Springfield*

Andre, Robert M.	Potter, A. H.
Brubaker, E. R.	Poulton, J. H.
Dornblaser, H. B.	Riley, J. H.
Hall, Fred E.	Rind, Robert C.
Hamma, C. B.	Rinehart, J. H.
Jones, C. L.	Rodebaugh, G. C.
Keyser, T. S.	Syman, L. L.
Link, J. A.	Ultes, W. P.
Miller, Harry	Webb, Joseph
Ort, Wallace A.	

Nehls, E. C. *South Charleston*

CLERMONT COUNTY

Griffith, M. S. *Batavia*
 Hicks, Wm. F. *Amelia*
 Kennedy, Edw. J. *Milford*
 Roberts, David M. *New Richmond*
 Terwilligar, Clyde B. *Milford*
 Wakefield, J. D. *Loveland*

CLINTON COUNTY

Brown, H. M. *New Vienna*
 Conrad, Robert *Blanchester*
 Gibson, Harold E. *Blanchester*

COLUMBIANA COUNTY*Leontonia*

Crane, James D.	Harman, Howard E.
Conrad, S. A.	Hennen, Leroy S.

Salem

Derfus, L. F.	Miles, F. T.
John, Henry J.	Mitchell, E. W.
McGeorge, James M.	Yaggi, H. K.

East Liverpool

Andrews, O. P.	Lemmon, Chas. E.
Bailey, C. H.	McCutcheon, M. D.
Davis, F. F.	

Bennett, H. W. *Lisbon*
 Maxwell, H. S. *Lisbon*
 McHenry, Joseph B. *Hanoverton*
 Mellon, J. A. *Columbiana*

COSHOCTON COUNTY

Cureton, B. F.	Walhonding
Keenan, W. H.	Coshocton
Kitsmiller, C. R.	Fresno
Lower, J. D.	Coshocton
Smailes, J. G.	Coshocton
Van Hyning, H. B.	Clark

CRAWFORD COUNTY*Bucyrus*

Burrell, G. O.	Gordon, Harold J.
Carlisle, W. G.	Lingenfelter, C. A.
Caton, Russel J.	Pelton, Chas. H.
Gates, Wm. C.	

Galion

Allen, Maurice L.	Mandeville, C. C.
Helfrich, M. L.	Murr, Paul A.
Kring, John B.	

Barth, Karl H. *Chatfield*
 Edwards, Austin R. *Chatfield*
 Harrie, Ralph R. *Crestline*

CUYAHOGA COUNTY*Cleveland*

Aland, Albert H.	Berr, A. H.
Andrews, Fred L.	Bishop, R. H., Jr.
Avellone, Joseph C.	Biddinger, A. E.
Bachman, Ulysses M.	Birge, R. H.
Ballard, Homer C.	Blaht, M. E.
Barney, William R.	Bogart, Clark S.
Bell, Leo P.	Bolt, R. A.

THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

Boutwell, Joseph H.	Kimmell, B. B.	Southwick, A. A.	Townsend, Oscar E.
Bowers, Charles A.	Kline, David R.	Spurney, Anton B.	Treister, C. D.
Boykin, John T.	Konrad, E. C.	Spurney, P. M.	Tucker, J. P.
Brainard, Albert J.	Krauss, L. W.	Steel, John M.	Ulrich, Joseph M.
Bray, Charles M.	Krebs, Paul H.	Stone, Alvin A.	Verovitz, C. H.
Brooks, Ernest R.	LaRocco, Charles G.	Stone, Charles W.	Von Den Steinen, E.
Bunts, F. E.	Lee, F. C.	Stoner, W. C.	Wagner, Harold F.
Burhans, Charles W.	Lichtig, Henry A.	Stotter, A. L.	Wahl, Harry
Burstein, Theodore	Linden, J. E.	Strauss, Abraham	Walker, Thomas E.
Cable, C. H.	Longeway, A. F.	Suggs, J. T.	Ward, Harry H.
Caine, Wm. Hatfield	Lower, William E.	Tarr, H. M.	Wehrauch, H. V.
Chalat, J. H.	Lowman, J. H.	Taylor, H. Lester	West, J. Hubert
Chamberlain, Wilson S.	Lowry, W. P.	Thomas, C. B.	Wilkins, G. R.
Chase, Clyde H.	Luck, H. C.	Thomas, Meethyn	Williams, R. W.
Christie, C. D.	Lytle, J. A.	Thomas, R. L.	Wolf, E. E.
Clarke, Robert	MacDonald, D. M.	Thompson, C. W.	Wychgel, James N.
Cobb, P. W.	MacFarland, C. H., Jr.	Thompson, H. S.	Yoder, I. I.
Cohen, A.	MacLachlan, J.	Timberlake, H. P.	Zinner, Nicholas L.
Colvin, Byron B.	Mahrer, Max	Tippie, John W.	
Cooper, Frederick S.	Manley, O. T.	Breck, Theodore	Brecksville
Cowles, E. C.	Manley, R. M.	McClain, Alvah S.	Lakewood
Crawford, M. L.	Marine, David	Mulky, Carl	Warrensville
Crile, George W.	Martizloff, K. H.	Ralston, J. H.	Bedford
Crooks, John H.	Matuska, Ignatius W.	Saddler, J. L.	Lakewood
Crouch, W. C.	Mayer, Nevin C.	Thompson, Ralph B.	Solon
Crow, Allen G.	McClelland, Joseph E.	Wakefield, E. F.	Chagrin Falls
Cutler, Franklin E.	McCleery, John M.		DARKE COUNTY
Darby, John C.	McDonald, C. L.	Hartzell, J. D.	North Star
Davidson, Paul F.	McGay, N. P.	Husted, E. G.	Greenville
Davis, C. V.	McNamee, Edgar P.	Kimmel, O. F.	New Madison
Davis, Howard H.	Meek, John A.	Reck, Harry W.	Gettysburg
Denison, Adam B.	Millhoff, W. C. D.	Sarver, A. F.	Greenville
Dexter, Richard	Monnier, Jos. C.	Smith, W. J.	Arcanum
Dinsmore, R. S.	Morrill, Gordon N.	Spitler, R. H.	Greenville
Dippol, Arthur L.	Mosiman, Roscoe E.	Stephen, C. J.	Ansonia
Drach, A. E.	Motto, M. P.	Sullivan, Charles P.	Burkettsville
Dwyer, William E.	Murphy, Patrick S.	VanLue, J. W.	Gettysburg
Eisenbrey, A. B.	Myhitt, E. C.		DEFIANCE COUNTY
Euler, F. A.	Neary, Edward P.	Cass, James W.	Farmer
Fallas, Roy E.	Neitz, Eugene P.	Kettredge, M. R.	Evansport
Feil, A. H.	Neubauer, Bernard B.	Rieckhoff, F. A.	Defiance
Feiss, Henry O.	Nicholas, William S.	Stephan, Joseph E.	Jewell
Filak, John A.	Nonnier, Charles		DELAWARE COUNTY
Finch, P. F.	Norlin, Campbell F. G.	Davies, W. W.	Delaware
Finley, Richard M.	Norton, James T.	Miller, Floyd V.	Delaware
Fliedner, G. B.	O'Brien, H. M.	Postle, Franklin D.	Delaware
Follansbee, R. G.	O'Brien, Martin A.	Robinson, G. E.	Ostrander
Forbes, Roy P.	O'Malley, George P.	Weller, V. B.	Delaware
Fried, Amos E.	Osario, Vasco E. M.		ERIE COUNTY
Friedman, Clermont	Ossman, Lawrence N.	Fenker, William T.	Sandusky
Gallagher, V. J.	Osmond, John D.	Graefe, Henry, Jr.	Soash, Henry L.
Gallagher, Francis J.	Oster, Lewis A.	Leblicq, F. J.	Southwick, P. F.
Garvin, Charles H.	Paryzek, Harry	Houghtaling, F. M.	Huron
Garvin, J. A.	Pearce, Roy G.	Humphreys, Daniel W.	Cedar Point
Gauchat, Paul C.	Perkins, Roger G.	Kuhl, Albert F.	Huron
Geraci, Frank P.	Peterson, E. A.	Manning, George W.	Kelleys Island
Gibson, Frank S.	Piercy, Harry D.		FAIRFIELD COUNTY
Gill, William C.	Pilcher, James D.	Axline, C. G.	Lancaster
Gillespie, R. J.	Placak, J. C.	Bone, P. S.	Lantz, James M.
Glass, George F.	Prill, Henry C.	Caldwell, S. C.	Schaffer, A. M.
Goodman, Isadore J.	Prichard, H. D.	Hamilton, C. H.	Silbaugh, John J.
Gordon, H. J.	Randolph, James E.	Brown, Carl W.	Smith, R. H.
Graham, Allen	Ravitz, Leonard R.	Coleman, William R.	Bremen
Grossman, A. B.	Reese, David L.	Driver, Jas. R.	Sugar Grove
Grossman, Royal G.	Reeve, G. H.	Fishel, C. R.	Bremen
Haefele, George L.	Reich, Rudolph S.	Hoster, R. S.	Thurston
Hagedorn, A. F.	Rice, Franklyn A.		Amanda
Hanzlik, P. J.	Richardson, Maurice L.		FAYETTE COUNTY
Harrison, B. I.	Riemenschneider, O. H.	Baughn, Harry A.	Washington C. H.
Harter, James H.	Robertson, Arthur E.	Hodson, Herman O.	Howell, Luther P.
Heahler, Locke E.	Robinson, Andrew S.	French, John H.	Woodmansee, A. D.
Heimlich, Daniel	Rohland, William F.	McDonald, E. H.	Jeffersonville
Herrick, Frederick C.	Rogers, W. R.		Bloomington
Heym, Rudolph	Rosenberg, D. V.		FRANKLIN COUNTY
Hickin, F. W.	Ruggles, Charles L.	Adams, Richard O.	Columbus
Hill, Walter C.	Ruh, Harold O.	Adel, E. E.	Davis, P. A.
Hinton, Drury	Sanford, H. L.	Albanese, N. A.	Dawson, Dudley T.
Hitchings, F. W.	Savage, Hugh J.	Alcorn, John G.	Denser, Clarence H.
Hoover, C. F.	Sawicki, Bruno J.	Allbritain, James W.	Dodd, Verne A.
Hosmer, M. F.	Schlink, Henry A.	Bates, L. V.	Duffee, W. E.
Hurt, J. A.	Schoolfield, E. C.	Bay, W. F.	Dunham, John D.
Ibershoff, A. E.	Selman, J. J.	Beam, E. C.	Dunn, J. M.
Ingersoll, J. M.	Shale, R. J.	Blakey, H. B.	Dysart, N. C.
Jackson, Theron S.	Sharp, W. D.	Boucher, H. E.	Eckstorm, J. B. C.
Jasinski, I. E.	Sheets, Lorin G.	Bausch, Robert P.	Edelman, Samuel D.
Jones, Albert L.	Sherry, Leroy B.	Boudreau, F. G.	Edwards, J. C.
Jones, Arthur S.	Shipley, M. H.	Brehm, G. W.	Elder, R. P.
Jones, Frank G., Jr.	Shube, Herman	Burkett, Dora V.	Faulder, George B.
Jones, N. M.	Shune, T. P.	Busby, J. L.	Fletcher, Fred
Jones, Thomas E.	Sibila, Alvin O.	Clark, Edw. M.	Forman, J.
Karsner, Howard	Sill, Ralph H.	Clouse, K. A.	Freeman, A. W.
Kelly, S. W.	Skeel, R. E.		Gallen, F. T.
Kendall, P. G.	Sloan, Harry G.		
Kennedy, E. P.	Sobal, S. A.		
Kennerdell, Thomas R			

THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

Sauer, L. O. Norwood
 Scott, N. H. Harrison
 Snider, Frank E. Madisonville
 Swing, Fred Harrison
 Tate, Ralph B. Harrison

HANCOCK COUNTY

Findlay

Balsley, Alfred W. Keator, Warren B.
 Cooper, Elwin H. Pennington, P. C.
 Firmin, John M. Van Horn, A. M.
 Hartman, John V.

Taylor, E. B. Arcadia
 Todd, C. D. McComb
 Tombaugh, A. A. Williamstown

HARDIN COUNTY

Kenton

Belt, LeRoy L. Snodgrass, Frank B.
 Bowman, D. H. Schutte, R. G.
 Nourse, John D. Wynn, H. R.

Crum, John R. Forest
 Evans, Roy K. McGuffey
 Lynch, Elmer E. Mt. Victory
 Neiswander, L. C. Ada
 Talbott, J. E. Alger
 Wisely, Allen N. Ada

HARRISON COUNTY

Black, Wilbur C. Freeport
 Curtis, W. H. H. Piedmont
 McClester, James C. Harrisville
 McGrew, J. A. New Athens
 Spence, W. S. Germano
 Thompson, Raymond L. Jewett

HENRY COUNTY

Boesel, I. H. McClure
 Bolles, J. R. Holgate
 Earp, James F. Holgate
 Garwood, George E. Colton
 Harrison, C. M. Napoleon
 Homeck, Herman W. Ridgeville Corners
 Norris, O. L. Deshler
 Slosser, D. J. Ridgeville Corners

HIGHLAND COUNTY

Ambrose, W. H. New Petersburg
 Frame, J. H. Highland
 Larkin, J. C. Hillsboro
 Lowe, H. H. Leesburg
 McAllister, J. L. Highland
 Varney, J. D. Greenfield

HOCKING COUNTY

Hayman, E. H. Murray City
 Lyon, Claude C. Logan

HOLMES COUNTY

Bahler, C. T. Walnut Creek
 Olmstead, Atlee R. Millersburg
 Putnam, Isaac Millersburg
 Purdy, F. P. Killbuck

HURON COUNTY

Bell, Clement L. V. Fitchville
 Coupland, James D. Norwalk
 Cranston, B. S. New London
 Dewey, H. R. Bellevue
 Gill, Robert C. Norwalk
 Mackintosh, Angus A. North Fairfield
 Pilkey, Benjamin C. Monroeville
 Reese, James W. New London
 Sipher, John A. Norwalk

JACKSON COUNTY

Davis, Daniel W. Wellston
 Davis, W. D. Wellston
 Gahm, Halder L. Jackson
 Hunter, Johnson S. Jackson
 Parker, W. H. Wellston

JEFFERSON COUNTY

Staubenville

Allsop, W. K. Maxson, Charles W.
 Biddle, James K. Miller, James E.
 Biddle, Victor Montgomery, J. R.
 Donehoo, W. S. P. Saxton, S. W.
 Erskine, DeMarr

Atwell, Z. F. Amsterdam
 Caldwell, John R. Rayland
 Casey, B. L. Toronto
 Ferguson, G. A. Toronto
 McElroy, Thomas Mingo Junction
 Morrison, Paul Tiltonville
 Schilling, Robert W. Toronto

KNOX COUNTY

Mt. Vernon

Blair, Harry W. Hardson, Chas. H.
 Claypool, John R. Pumphrey, J. M.
 Conard, Carol D. Russell, Wm. C.
 Douglass, S. A. Workman, I. S.
 Downs, Edwin D.

Norricks, John H. Fredericktown

LAKE COUNTY

Barnett, G. F. Painesville
 Davis, J. R. Painesville
 Jones, E. S. Painesville
 Winans, J. V. Madison

LAWRENCE COUNTY

Goldcamp, Edw. C. Ironton
 Henninger, O. H. Ironton
 King, Geo. W. South Point
 Marting, W. F. Ironton
 Mayberry, Irvin W. Scottown
 Ramey, John H. Rock Camp
 Rose, E. J. Scottown
 Stewart, Forrest R. Sheritt
 Wiseman, Orlyn Pedro

LICKING COUNTY

Newark

Brown, James A. Lewis, W. H.
 DeCrow, Reaves W. Mitchell, L. A.
 Essington, U. K. Turner, V. R.
 Bishop, W. D. Alexandria
 Bozman, C. D. Hebron
 Burner, G. W. Johnstown
 Butt, G. K. Hebron
 Cass, E. M. Utica
 Cook, Edgar P. Granville
 Hays, L. A. Johnstown
 Johnston, E. H. Alexandria
 Marriott, L. L. St. Louisville
 Mauger, Raymond C. Johnstown

LOGAN COUNTY

Bellefontaine

Butler, Robert H. Pratt, Malcolm L.
 Carey, William H. Pratt, Robert
 Makemson, F. R. Startzman, C. K.
 McCracken, A. J. Stinchcomb, W. G.
 Pratt, Lester J. Swan, G. H.
 Croft, J. W. West Liberty
 Curl, A. M. Quincy
 Davis, Claude East Liberty
 Fulwider, Robert M. Zanesfield

LORAIN COUNTY

Elyria

Gill, George Lawrence, Frank A.
 Hart, W. E. Metcalf, H. M.
 Hubbell, W. B. Sheffield, Edwin E.
 Kramer, J. C. Smith, Arthur B.
 Colegrove, P. C. Oberlin
 Dager, W. F. Lorain
 Faus, Ralph W. Lagrange
 Gregg, Frank B. Wellington
 Kasinski, Theo. J. Lorain
 Mikolando, Otto Lorain
 Miller, Bryce A. Amherst
 Pease, R. A. North Ridgeville
 Story, C. L. Oberlin
 Wiseman, G. R. Amherst

LUCAS COUNTY

Toledo

Baldwin, M. G. Foster, S. D.
 Beck, Walter W. Gillette, Norris W.
 Becker, Kurt C. Girardot, Adolph J.
 Beckwith, Horace K. Goodyear, Lucius B.
 Beerman, J. F. Grosh, L. C.
 Belyea, James A. Harrison, Jay M.
 Bennett, H. A. Harvey, John H.
 Berger, C. A. Hasencamp, Oscar
 Beverly, S. S. Hein, Barney J.
 Bidwell, P. J. Hetler, George A.
 Booth, George B. Higgins, Thomas F.
 Bowen, R. B. Hunter, I. E.
 Bowman, G. Iford, Daniel W.
 Brockway, P. B. Johnson, Philip M.
 Brown, Thomas H. Kabin, D.
 Burman, H. F. Kern, Peter E.
 Burritt, C. A. Kerr, L. E.
 Cary, Walter King, C. R.
 Cass, James W. Kreft, F. G.
 Chapman, G. L. Lawless, I. T., Jr.
 Chollett, Burt G. Lawless, Robert E.
 Cohn, Harold S. Lehman, F. J. J.
 Cole, Claude B. Louy, C.
 Collier, E. M. May, E. G.
 Conger, William W. McCormick, Edward J.
 Dolloway, L. M. McGonigle, M. B.
 Eystone, Fred McNierny, F. B.
 Faber, Charles F. Meader, H. B.
 Ferneau, Frank D. Mellot, E. R.
 Ficklin, Frank B. Miller, Lawrence D.
 Figley, Karl D. Moor, Daniel C.
 Flower, H. M. Morgan, H. J.

THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

Moots, Charles W.	Seybold, N. J.		
Muener, J. A.	Shapiro, William M.		
Mundy, Carl C.	Shrader, C. C.		
Myers, Foster	Sinkey, R. E.		
Newberg, Frank L.	Smead, L. F.		
Orwig, Earl	Souder, Charles G.		
Pilliod, Frank W.	Stone, Willard J.		
Price, H. L.	Strathmann, William H.		
Ramsey, Thos. L.	Sweeney, J. J.		
Rees, Owen C.	Tenney, C. F.		
Rhodes, F. L.	Tucker, John P.		
Ricard, William A.	Vetter, E. F.		
Richie, A. J.	Werum, Philip		
Rieg, Phil W.	Wilson, Dale		
Rosenblum, Herman G.	Williamson, H. W.		
Salisbury, J. W.	Whitwham, G. P.		
Schade, August H.	Wright, G. N.		
Selby, C. D.	Wright, J. F.		
Comstock, R. W.		Maumee	
Halbert, V. B.		Sylvania	
Hayes, Harry S.		Whitehouse	
MADISON COUNTY			
Christopher, Harry V.		London	
Kerr, George M.		Lilly Chapel	
Parker, John W.		London	
Wittich, Roderick B.		Mt. Sterling	
MAHONING COUNTY			
	Youngstown		
Barrett, C. D.	McNamara, Frank W.		
Bierkamp, F. J.	Meyer, Nathan N.		
Blaine, William M.	Mooney, C. A.		
Borden, P. G.	Morrall, R. R.		
Brant, A. E.	Morris, C. F.		
Braun, E. J.	Moses, C. H.		
Breese, Floyd P.	Nesbitt, D. A.		
Buchanan, J. U.	Nagel, E. H.		
Bunn, W. H.	Nutt, George S.		
Clark, C. R.	O'Grady, George W.		
Cliffe, Earl	Osborn, H. M.		
Dixon, F. W.	Painter, A. M.		
Dunn, George D.	Parillo, G. A.		
Elder, J. F.	Phillips, D. B.		
Farley, David L.	Ranz, W. E.		
Fenton, R. W.	Redd, Wesley C.		
Fitzpatrick, F. P.	Reed, C. M.		
Hamilton, J. K.	Reed, Colin M., Jr.		
Hancuff, A. P.	Ryall, W. W.		
Hudnut, O. D.	Sherbondy, J. A.		
Jones, M. P.	Smeltzer, D. H.		
King, Jonas E.	Thomas, Arthur W.		
Kofford, B. S.	Thomas, E. R.		
Lautenschlager, T. H.	Turner, W. B.		
Love, William P.	Washburn, J. L.		
Mariner, James S.	Wilson, B. W.		
McCurdy, S. M.	Wolferth, C. C.		
MARION COUNTY			
	Marion		
Hoskins, Jacob M.	Sawyer, Carl W.		
Mahla, F. E.	Smith, Clifford J.		
Mattox, S. W.	Weiser, Walter J.		
Mouser, H. K.			
Hurd, B. B.		Caledonia	
Jolley, J. W.		Morrall	
Shira, Donald		LuRue	
MEDINA COUNTY			
Appleby, A. G.		Valley City	
Beach, John L.		Seville	
Brintnall, R. A.		Seville	
Johnson, R. L.		Wadsworth	
Robinson, H. P. H.		Medina	
Strong, Roy G.		Medina	
MEIGS COUNTY			
Bing, Byron		Pomeroy	
Cravy, Herman L.		Letart Falls	
Henderson, O. C.		Portland	
MERCER COUNTY			
Ayers, Frank E.		Celina	
Gibbons, John T.		Celina	
Leiser, William A.		Ft. Recovery	
Ransbottom, I. J.		Coldwater	
Schirack, C. J.		Coldwater	
Wilcox, Richard C.		Rockford	
MIAMI COUNTY			
Haley, Michael R.		Piqua	
Shinn, J. S.		Troy	
Thomas, F. W.		Piqua	
Warvel, J. H.		Bradford	
MONROE COUNTY			
Edwards, C. E.		Jolly	
McVey, Edward F.		Clarington	
Thomson, W. E.		Antioch	
MONTGOMERY COUNTY			
	Dayton		
Austin, R. C.		Lyons, Clinton G.	
Baldwin, Ashton M.		Mansur, William B.	
Bayless, C. O.		Mashburn, N. C.	
Bond, R. R.		McCally, Albert W.	
Brower, A. B.		McClellan, H. H.	
Burnett, Harry W.		McKemy, J. W.	
Carley, A. W.		McQueen, W.	
Chynoweth, W. R.		Meckstroth, H. L.	
Cline, C. L.		Peters, A. O.	
Coleman, C. A.		Prugh, M. D.	
Courtright, L. T.		Payne, F. C.	
Demon, F. E.		Roop, Wm. O.	
Dixon, F. W.		Rounds, Frederick C.	
Finley, R. W.		Roush, Franklin W.	
George, J. C.		Salisbury, Frank L.	
Giffin, Guy G.		Springer, H. A.	
Grove, Courtney P.		Suttsman, L. E.	
Hewitt, Archie E.		Sullivan, G. C.	
Kalter, G. E.		Vega, Jaffrey J.	
Kelly, John E.		Walkeup, Thomas	
Kisligh, Fred K.		Webster, H. H.	
Kline, Walter J.		Wellbrook, G. H.	
Koppe, Harold F.		Werner, E. R.	
Lauterbach, W. F.		Williams, H. H.	
Lawson, J. K.		Woodruff, Ralph L.	
Leatherman, C. A.			
Dickinson, T. H.		Germantown	
Furnas, E. E.		Englewood	
Hunt, Charles T.		Miamisburg	
Travis, John L.		Germantown	
MORGAN COUNTY			
Hill, J. F.		McConnellsville	
Ralston, D. G.		McConnellsville	
MORROW COUNTY			
Bennett, W. S.		Cardington	
Jackson, C. S.		Edison	
Johnson, T. P.		Mt. Gilead	
Leonard, E. L.		Fulton	
Virtue, D. B.		Iberia	
MUSKINGUM COUNTY			
	Zanesville		
Allen, S. L.		Roach, C. J.	
Brown, E. M.		Sellers, C. P.	
Brush, E. R.		Sealover, W. F.	
Higgins, Charles H.		Sutton, Thomas	
Rambo, Harry M.		Walters, Alvin H.	
Loebell, Maurice		Sonora	
Martin, John G.		New Concord	
Wells, Robert E.		Nashport	
NOBLE COUNTY			
Dew, F. R.		Belle Valley	
Kackley, Ellis D.		Caldwell	
OTTAWA COUNTY			
	Port Clinton		
Brindley, A. A.		True, John A.	
Starkes, C. C.		Van Epp, Owen B.	
Ballou, Justin G.		Graytown	
Lorenzen, M. R.		Curtice	
PAULDING COUNTY			
Fast, L. R.		Paulding	
Fauster, J. U.		Paulding	
Hymen, Clarence H.		Payne	
Miller, John C.		Payne	
Mouser, Ambrise H.		Latty	
Mouser, Ray H.		Latty	
PERRY COUNTY			
Allen, Edgar D.		Crooksville	
Fountain, J. C.		Somerset	
McNerney, N. H.		Corning	
Shaw, H. W.		Junction City	
Warren, John R.		Santoy	
PICKAWAY COUNTY			
Jackson, Harry D.		Circleville	
Postle, Harold V.		Ashville	
Stout, J. O.		Ashville	
PIKE COUNTY			
Seiler, I. P.		Piketon	
Tidd, E. W.		Stockdale	
PORTAGE COUNTY			
Gatchell, W. T.		Ravenna	
Gorham, B. E.		Kent	
Knolton, E. H.		Mantua	
Nichols, B. H.		Ravenna	
Pritchard, L. W.		Ravenna	
PREBLE COUNTY			
Coombs, Jerrard W.		Camden	
Harris, C. H.		New Paris	
Hunter, Matthew C.		Lewisburg	
Silver, H. Z.		Eaton	
Stewart, William T.		Morning Sun	
Treffinger, C. M.		Eaton	

THE PHYSICIAN'S ROLL OF HONOR FOR OHIO

PUTNAM COUNTY

Beardsley, C. O. *Ottawa*
 Davis, B. P. *Ft. Jennings*
 Francis, W. J. *Kalida*
 Morris, F. *Columbus Grove*
 Owens, Otto J. *Ottawa*
 Rappaport, Benjamin *Ottawa*
 Siddall, John D. *Kalida*
 Watterson, John D. *Kalida*
 Wilcox, G. S. *Columbus Grove*

RICHLAND COUNTY

Findley, Samuel E. *Mansfield*
 Mecklem, W. P. *Mansfield*
 Remy, Edward, Jr. *Mansfield*
 Holtz, John F. *Plymouth*
 Smith, W. A. *Shelby*
 Caris, Todd *Belleville*
 Smith, George C. *Barberton*
 Wilmuth, C. S. *Barberton*

ROSS COUNTY

Brown, H. R. *Chillicothe*
 Dunn, A. H. *Chillicothe*
 Hatfield, Charles C. *Chillicothe*
 Lightner, Russell E. *Chillicothe*
 Maag, W. D. *Chillicothe*
 Perry, Stephen W. *Bainbridge*
 Scott, V. T. *Chillicothe*
 Smith, W. B. *Chillicothe*
 Tinker, L. M. *Chillicothe*
 Holmes, R. W. *Chillicothe*
 Nisley, Glen *Chillicothe*
 Kingston, *Chillicothe*
 Kingston, *Chillicothe*
 Frankfort, *Chillicothe*
 Bainbridge, *Chillicothe*
 Clarksburg, *Chillicothe*
 Frankfort, *Chillicothe*
 Frankfort, *Chillicothe*

SANDUSKY COUNTY

Baker, E. A. *Clyde*
 Deemer, W. R. *Fremont*
 Eystone, A. G. *Gibsonburg*
 Harding, Charles L. *Bellevue*
 McKenney, Sherman *Fremont*
 Phillips, Merton O. *Fremont*
 Trumbull, H. N. *Woodville*

SCIOTO COUNTY

Dawson, Challis H. *Portsmouth*
 Keil, H. M. *Portsmouth*
 LeBaron, R. O. *Portsmouth*
 McCall, David H. *Portsmouth*
 Mills, Alfred B. *Portsmouth*
 Moore, A. R. *Portsmouth*
 Graf, Carl H. *Sciotoville*
 Mytinger, George S. *Portsmouth*
 Quinn, W. A. *Portsmouth*
 Rapp, Harry F. *Portsmouth*
 Rardin, J. S. *Portsmouth*
 Robe, O. W. *Portsmouth*

SENECA COUNTY

Fletcher, A. J. *Fostoria*
 Fruth, Harold E. *Fostoria*
 Fruth, Virgil J. *Fostoria*
 Hatfield, N. C. *Fostoria*
 Hattery, Addison H. *Fostoria*
 Henry, C. A., Jr. *Fostoria*
 Chamberlain, R. C. *Tiffin*
 Chamberlin, W. K. *Tiffin*
 Gosling, J. A. *Tiffin*
 Hendershott, R. R. *Tiffin*
 Fellers, D. W. *Bloomville*
 Johnstone, Cecil *Tiffin*
 Leonard, Walter M. *Tiffin*
 Leonard, William *Tiffin*
 Mowry, Floyd S. *Tiffin*
 Reycraft, Leonard *Tiffin*
 Porter, E. H. *Tiffin*
 Leister, R. B. *Tiffin*
 Wenner, Henry L., Jr. *Tiffin*
 Williard, G. W. *Tiffin*

SHELBY COUNTY

Connor, Franklin *Sidney*
 Englerth, Benjamin *Sidney*
 LeMaster, Vernon *Sidney*
 Silver, Arthur *Sidney*

STARK COUNTY

Bernard, Benj. C. *Alliance*
 Calhoun, A. H. *Alliance*
 Exline, C. E. *Alliance*
 Hoover, C. S. *Alliance*
 Feingold, S. J. *Canton*
 Hamilton, Claude D. *Canton*
 Kramer, James G. *Canton*
 Leavensworth, L. E. *Canton*
 O'Brien, John D. *Canton*
 March, H. A. *Canton*
 Mutchman, L. F. *Alliance*
 Ramsey, P. M. *Alliance*
 Scranton, Homer G. *Alliance*
 Peters, Chester M. *Canton*
 Sayre, F. M. *Canton*
 Smock, I. B. *Canton*
 Sweany, R. B. T. *Canton*
 Todd, Joseph L. *Canton*

SUMMIT COUNTY

Amos, R. E. *Akron*
 Baremore, H. R. *Akron*
 Barton, E. W. *Akron*
 Clark, Lucien D. *Akron*
 Dixon, C. A. *Akron*
 Drury, Roy F. *Akron*
 Fox, W. L. *Akron*
 Gillespie, B. H. *Akron*
 Gregg, R. A. *Akron*
 Grim, Jesse *Akron*
 Heckert, H. R. *Akron*
 Hoffman, J. *Akron*
 Hosler, R. S. *Akron*
 Humphrey, L. B. *Akron*
 Jones, J. L. *Akron*
 Kneale, W. E. *Akron*

Leeper, Clyde *Barberton*
 Logan, G. M. *Barberton*
 Luce, R. V. *Barberton*
 Magnus, A. P. *Barberton*
 Malloy, E. B. *Barberton*
 McAdoo, S. E. *Barberton*
 Lybber, P. C. *Barberton*
 McChesney, P. E. *Barberton*
 McCormick, A. S. *Barberton*
 McDowell, O. C. *Barberton*
 McMaster, S. E. *Barberton*
 Musser, Harvey H. *Barberton*
 Pinkerton, C. C. *Barberton*

Dapp, W. E. *Barberton*
 Gardner, G. E. *Barberton*
 Rodenbaugh, H. A. *Barberton*
 Smallman, H. R. *Barberton*

Alspach, E. Z. *Kenmore*
 Caines, J. W. *Cuyahoga Falls*
 Courtright, J. L. *Cuyahoga Falls*
 Havre, S. J. *Kenmore*
 Herrick, H. J. *Hudson*
 Long, P. B. *Copley*
 Miller, G. A. *Hudson*
 Searl, William A. *Cuyahoga Falls*

TRUMBULL COUNTY

Ailes, M. D. *Warren*
 Hoover, D. E. *Warren*
 Knappenberger, M. T. *Warren*
 Bainter, G. F. *Strasburg*
 Hunt, Fred C. *Girard*
 Kennedy, S. V. *Southington*
 Knox, J. D. *Niles*
 Minahan, T. A., Jr. *Hubbard*
 Moore, L. G., Jr. *Kinsman*
 Thompson, J. E. *Bristolville*
 Williams, C. C. *Niles*

TUSCARAWAS COUNTY

Keller, W. R. *Canal Dover*
 Marquard, B. A. *Canal Dover*
 Back, Henry A. *Uhrichsville*
 Berry, E. V. *Newcomerstown*
 Calhoun, G. E. *Uhrichsville*
 Coleman, H. A. *New Philadelphia*
 Demuth, W. F. *Port Washington*
 Goudy, Rollin A. *Newcomerstown*
 Guthrie, Gale C. *Uhrichsville*
 Hays, S. B. *Newcomerstown*
 Shaweacker, K. E. *New Philadelphia*
 Wilson, Roy A. *Dennison*

UNION COUNTY

Boylan, J. D. *Milford Center*
 Calloway, F. C. *Marysville*
 Goff, William M. *Marysville*
 MacIvor, Angus *Marysville*

VAN WERT COUNTY

Bartholme, A. C. *Van Wert*
 Church, Charles G. *Van Wert*
 Flemming, R. C. *Van Wert*
 Good, B. L. *Van Wert*
 Lawhead, W. E. *Van Wert*
 Leake, N. E. *Van Wert*
 Logan, Earnest *Van Wert*
 Sampsell, J. S. *Van Wert*
 Shear, H. E. *Van Wert*

Hanna, Myron *Scott*
 Musgrave, A. C. *Ohio City*
 Reed, F. E. *Wren*
 Reeder, M. E. *Ohio City*
 Roller, W. C. *Wilshire*

VINTON COUNTY

Haas, Thurman B. *McArthur*
 Henry, W. H. *Hamden*
 James, H. S. *McArthur*

WARREN COUNTY

Krohn, C. P. *Morrow*

WASHINGTON COUNTY

Hill, Edgar W., Jr. *Marietta*
 McMillan, Walter W. *Marietta*
 Penrose, J. B. *Marietta*
 Sauer, W. W. *Marietta*
 Smith, Arthur H. *Marietta*
 Theiss, Harold H. *Marietta*
 Williams, C. A. S. *Marietta*

Adair, Frank *Beverly*
 Gale, Larry *Newport*
 Sellow, Timothy *Watertown*

WAYNE COUNTY

Bertolette, Harry R. *Shreve*
 Blankenhorn, M. A. *Orrville*
 Blizzard, D. M. *Orrville*
 Cohen, M. B. *West Salem*
 Deeds, Charles R. *Dalton*
 Foster, Thomas *Wooster*
 Graven, T. A. *Wooster*
 Ice, K. C. *Shreve*

Arvin, G. H.	Orrville
Yoder, H. M.	Smithville
WILLIAMS COUNTY	
Long, James W.	Bryan
Snyder, Alva E.	
Solier, Franz E.	
Beard, R. W.	Pioneer
Brandon, E. F.	Edon
Curl, George	Edgerton
Steele, William H.	Montpelier
WOOD COUNTY	
Boyle, Frank V.	Bowling Green
Gorsuch, George A.	
Harrison, A. M.	
Barr, D. R.	Grand Rapids
Biggs, I. L.	Custer
Carr, Lewis R.	Prairie Depot
Cavett, C. S.	North Baltimore
Fisher, E. W.	Portage
Peinert, Earl	Grand Rapids
Powell, E. A.	North Baltimore
Sheldon, E.	Bloomdale
Wetherill, J. C.	Weston
Whitacre, R. F.	Prairie Depot

WYANDOT COUNTY	
Bowman, J. C.	Upper Sandusky
Dwire, H. E.	Smith, Arthur N.
Griest, T. C.	Nevada
Heaton, J. J.	Nevada
Van Buren, R. C.	McCutchenville
	Carey

DIED IN SERVICE

J. C. Bowman	Thornville
K. T. Crossen	Carbondale
H. Burt Herrick	Cleveland
Odos A. Hopkins	Middlefield
George E. Hull	Mantua
Richard L. Jett	Cleveland
Milton J. Lichty	Cleveland
Max Marowitz	Youngstown
George F. Owen	Columbus
Ralph T. Saunders	Sandusky
Hadley H. Teter	Cleveland
H. C. Weintz	Cincinnati
H. R. Wright	Columbus

OHIO PUBLIC HEALTH NOTES

—On October 8 Cincinnati's city council passed an ordinance transferring \$200.00 a month from the contingent fund to the fund of the Health Department for the establishment of a night venereal clinic. The city has had one night clinic conducted by the Medical Department of the University of Cincinnati at the General Hospital, but the new clinic will be operated down town under the auspices of the city health department in cooperation with the United States Health Service and War Department.

—Members of the Cambridge board of health are contributing to the newspapers of that city a series of articles to inform the public regarding the work of the health department.

—All persons employed in handling food in Chillicothe hotels, restaurants and boarding-houses must submit to anti-typhoid inoculation, according to a recent order from United States Public Health Service officials in charge of sanitation in the Camp Sherman zone. Physical examination of such employees has been required for some time.

—Two men, claiming to represent the "Christian Health Institute, teachers of health, not builders of disease," collected \$45 from a Shelby county farmer on a promise to cure his sons of hip disease. When the police took a hand in the transaction, they refunded the money and departed.

—Dr. William H. Peters has been appointed health officer of Cincinnati, succeeding the late Dr. John H. Landis. Dr. Peters, who has been acting health officer since the death of Dr. Landis, was formerly chief medical inspector and assistant health officer, and his promotion is a well merited one. The appointment is for a term of one year at a salary of \$4,500.

—Following an investigation of Xenia's recent typhoid epidemic, the state department of health

held that the city water supply was the common source of infection. Consumers were advised to boil water taken from the public mains until correction has been made in the method of disinfection.

—Health Officer Schoepfle of Sandusky has assumed the added duties of city physician. For this work he will receive an extra remuneration of \$35.00 per month.

—Dr. Anna Rude of the Children's Bureau, United States Department of Labor, attended the National Dairy Show in Columbus, October 10-19, as a representative of the National Children's Year program. Assisted by a corps of trained workers Dr. Rude conducted investigations of children brought to her attention while in Columbus and gave advice and suggestions in the matter of correcting defects and ailments.

—Dr. F. C. Schultz has been appointed physician for the Lucas County jail, succeeding Dr. Dalton L. Kahn who resigned to enter military service.

—The United States Public Health Service has asked employers of labor to require vaccination against smallpox and inoculation against typhoid fever of all workers. Such preventive treatment will be given free where the Public Health Service has stations, and local health departments will give treatment elsewhere, upon request.

—The lives of 241 Ohio babies were saved in July. Deaths of children under five numbered 1,038. The average monthly death total for 1916, upon which estimates of saving are based, was 1,279. The monthly quota of babies' lives assigned as Ohio's share in the national baby saving program is 376, or 135 more than the total actually saved in July. In June the state saved 62 more than its quota. During the first four months of the campaign, which opened in April, Ohio has saved 860 lives; the quota for that period amounts to 1,504.

—The state department of health estimates that there are 220 cases of tuberculosis in Tuscarawas County. Tuscarawas County has under consideration the erection of a district tuberculosis hospital in connection with Carrol, Harrison, Jefferson and Belmont Counties.

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(Indiana)

Manufacturers of Medicinal Products from Petroleum

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Physicians May Force Food Protection

The Ohio Dairy and Food department has made it possible for physicians to act in protecting the public from persons suffering from venereal diseases in cases where the local board of health is negligent. Under Section 7 of "Regulations to Promote the Sanitary Condition of Food Establishments" the department provides:

"No employer shall require, permit or suffer any person to work nor shall any person work in a building, room, vehicle or any place occupied or used for the production, preparation, manufacture, handling, packing, storing, sale, distribution or transportation of food who is afflicted with any venereal disease, smallpox, diphtheria, scarlet fever, yellow fever, tuberculosis, bubonic plague, Asiatic cholera, leprosy, trichina, typhoid fever, epidemic dysentery, measles, mumps, German measles, whooping cough, chickenpox or any infections or contagious disease."

This makes it possible for the physician to act when he becomes cognizant of the facts in a given case, even if the local health board fails to do its duty. It is suggested that the physician immediately advise the local board or health or the local health officer, and that if the condition is not then corrected, he advise the State Dairy and Food Department at Columbus, asking that the communication be held in confidence.

In cases where handlers of food contract venereal infection the physician owes an obligation to his fellow citizens which he cannot dodge.

Small Advertisements of Interest

Physician Wanted—The village of Middlepoint, Van Wert county, needs a physician. The recent deaths of Dr. J. H. Bender and Dr. C. A. Turner, and the absence of a third physician in military service, leave the inhabitants of this community in need of medical services. The nearest physicians are seven and twelve miles distant. The home and office outfit of the late Dr. Turner are for sale, and anyone interested should communicate with his widow.

Are You Going to Join the Colors? Then have us relieve you of your collection worries. Physicians' accounts tactfully collected. No collection, no pay. Pleased clients everywhere. Those slow payers and "dead beats" are not paying you now. Why continue to worry with them? Have us get busy for you. For particulars, address The Interstate Mercantile Agency, Chillicothe, Ohio.

For Sale—Medical library of the late Lieut. G. E. Hull, M. R. C. Correspondence solicited. Ada Hull, Admr., Mantua, Ohio.



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Influenza Epidemic Presents Unusual Problems to State Department of Health

(This statement of the epidemic situation was prepared for The Journal late in October by Vinton E. McVicker, Publicity Director of the Department.)

An outstanding feature of the influenza epidemic in Ohio, judged from the viewpoint of the physician, has been the manner in which it established the value of the Volunteer Medical Service Corps. When the disease swept over Ohio and quickly assumed epidemic proportions in numerous localities, the medical machinery of many communities broke down completely under the unusual strain. In some villages, with only one or two physicians, or, as in several cases, with no physicians resident within the community, a large part of the population immediately fell ill. Physicians who were available could not cope with the situation. In some instances doctors were among the first attacked by the disease, overwork probably making many of them easy victims. In at least one town, both the two local physicians suffered fatal attacks.

Under such circumstances, with many victims unable to obtain the medical care so important in influenza, there appeared grave danger of an abnormally high fatality rate. To prevent such a result, the State Department of Health early availed itself of the offer of the United States

Public Health Service to supply physicians for duty in communities with inadequate local medical forces. Physicians for such duty were chosen from the lists of the Volunteer Medical Service Corps. Within four weeks after the outbreak of the epidemic, some fifty physicians had been sent out for emergency duty, and there can be no doubt that many lives were saved by this prompt provision for the assistance of stricken communities.

The earliest calls for medical aid were referred to Washington, and physicians were detailed for duty by the United States Public Health Service. This plan was found to cause unnecessary delay, so arrangements were effected whereby the State Department of Health was given authority to make the necessary appointments without consulting the Federal authorities, salaries of such appointees being paid as before by the Public Health Service. Soon afterward a Public Health Service representative was detailed for duty as director of the Service's field work in the state, with headquarters in the offices of the State Department of Health.

Demands for nurses were met so far as possible by the Public Health Service, but the shortage of nurses made these calls much more difficult to fill than those for physicians. In all cases

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nurses were assigned for community duty only, and not for service in individual households. Red Cross services were enlisted in supplying nurses, the Lake Division of the Red Cross assigning a representative to the State Department of Health to take care of these and other calls for aid upon that organization.

State and Federal authorities worked together in organizing public health and medical forces to control the epidemic. In some places where the number of physicians appeared inadequate, increased efficiency was obtained by dividing the town into districts and assigning a physician to each district, thus lessening the amount of time wasted in travel by each doctor. Emergency hospitals were established where needed, supplies for this purpose being provided by the Red Cross.

Instructions to local health officials, adopted by the Public Health Council of the State's Department of Health, outlined the duties of these officials in connection with the epidemic and made influenza a reportable disease. To facilitate the prompt collection of statistics on the epidemic, for the use of both State and Federal authorities, arrangements were made with the cities of the State to forward daily reports of cases and deaths by night letter to the State Department of Health. These figures were tabulated by the department and reported daily to the Public Health Service. The instructions in regard to "closing orders" placed upon local health departments the responsibility for stopping indoor public gatherings when influenza appeared in their respective communities. Under these instructions theaters, schools and churches were closed in practically all parts of the State, and various other local measures designed to stop unnecessary congregating were carried out. Throughout the preventive campaign the point was emphasized that influenza is a crowd disease and that the best means of stamping it out is to prohibit crowds.

The education of the people in the nature of the disease and in means of avoiding it was undertaken by the State Department of Health by means of newspaper publicity, circulars, and posters. More than 300,000 circulars and leaflets were sent out by the Department, reaching each of the 2,200 health districts in the State. The newspapers were liberal with space, and throughout the epidemic published much material of an educational nature, as well as keeping the public informed of the progress of the epidemic.

The first influenza cases in Ohio's civilian population were reported during the last week in September, shortly after the disease had appeared at Camp Sherman. Epidemiological evidence in the earliest local outbreaks indicates that the disease spread to the civilian population from Camp Sherman and from camps outside the State. New Concord, Muskingum County, the seat of Muskingum College, had one of the first outbreaks, and in this instance the disease appears to have been imported by an army officer detailed

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Dr. Samuel A. Johnson, Springfield, Mo., in good health and life expectancy, fell under an axe blow from an insane patient. Death followed in a few hours.

The \$5,000 promptly paid to his widow by the P. C. A. had cost the insured \$95.00.

Dr. R. C. Knode, Scotts Bluff, Neb., while driving through a sandy stretch of road, lost control of his car, was thrown out and instantly killed.

The P. C. A. promptly paid the widow \$5,000, which had cost the doctor a total of \$26.00.

Dr. W. R. Wall, Cleveland, Ohio, was driving on an oiled boulevard when his car skidded and "turned turtle," killing the doctor instantly.

He had paid the P. C. A. a total of \$103.00, for which his widow received \$5,000.

None of these doctors had any more reason to anticipate death by accident than you have now, but doubtless the amount paid to the P. C. A. proved the wisest investment they ever made. In sixteen years the cost has never exceeded \$13.00 per year.

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to the college, who came to New Concord from Fort Sheridan and fell ill upon arriving at New Concord. The epidemic at Washington C. H., one of the earliest and most serious in the State, has been traced to Camp Sherman and Great Lakes naval station. Early cases at Tiffin occurred in a family of which a member had recently come home from Great Lakes station, and an early outbreak at Wellston has been traced in a similar way to the same station. Chillicothe developed the disease early—supposedly by contagion from Camp Sherman.

Among the most serious outbreaks, from the standpoint of case rates and death rates, were those at East Palestine, Dillonvale (Jefferson County), several mining settlements in Guernsey County, Sidney, Leipsic and Ashland. Mining districts in several instances suffered heavily—presumably because of bad living conditions which promoted the spread of the disease.

For the first four weeks the State Department of Health roughly estimates the State's total of cases at 150,000 and the deaths at 3,000. The caution is given that these figures are very rough estimates, based upon incomplete and inaccurate local reports, and can be considered as little more than a fairly good guess at the statistical side of the situation. Reasonably accurate death statistics have been obtained from some of the cities of the state, but case reports are admittedly very incomplete. Prompt tabulation of influenza death reports has been promised by the State Bureau of Vital Statistics. When this information is available it will serve as the basis for a fairly accurate estimate of the state's case total, several local outbreaks which have been carefully studied serving as an index to the case fatality rate of the disease. Indications are that approximately two per cent. of the cases have been fatal—that 20 per cent. of the influenza patients have developed pneumonia, and that 10 per cent. of the pneumonia victims have died.

Cincinnati's After 'Em

Cincinnati purged itself of another medical faker, September 21, in the person of one J. B. King. Mr. King was arrested on affidavit of Dr. W. H. Peters, health officer, on a charge of practicing medicine without a license. After a two-day trial in municipal court he was found guilty, fined \$150.00 and costs, and sentenced to 30 days. The judge suspended the days, however, when he learned that King was unable to pay the assessment and had already served a month in jail pending several continuances.

After some difficulty with his attorney, King conducted his own defense, introducing 22 witnesses in his behalf, each of whom strengthened the case for the state. King testified that his pads contained a radium compound, which, when applied to the affected parts of the body, would soon eliminate all symptoms. City Chemist Meyer testified that the pads contained powdered limestone.

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 * MEETINGS OF CLEVELAND *
 * ACADEMY OF MEDICINE *

(Report by C. L. McDonald, M. D., the Secretary)

At a meeting of the Council of the Academy of Medicine held September 10, at the University Club, the following members were present: The President, Dr. Follansbee, in the chair; Drs. Berkes, Bernstein, Chamberlin, Lueke, McDonald, Oakley, Quigley, J. E. Tuckerman, and Dr. Updegraff. On motion the names of the following applicants for active membership were ordered published: Dr. J. G. Shimmon and Dr. H. B. Stotter. The request of Dr. George I. Lambright for transfer from the Seneca County Medical Society to the Academy of Medicine of Cleveland was granted.

The president appointed Drs. McDonald and Chamberlin a nominating committee to present the names of four men to be voted on for membership in the Council to fill the vacancies made by the resignation of Dr. Birge, Dr. Bruner, Dr. Bunts, and Dr. Weir, who have entered the service. The president appointed Dr. A. W. Lueke as special correspondent to the Ohio State Medical Journal. A letter from Dr. H. L. Rockwood, acting commissioner of health, calling attention to the advertisement by W. T. Abell, a chiro-

practor, in the Cleveland Plain Dealer of September 8th, was read. On motion the secretary was instructed to bring this matter to the attention of the State Board of Medical Registration. Adjourned.

 * MEETINGS OF COLUMBUS *
 * ACADEMY OF MEDICINE *

(Report by Ivor G. Clark, M.D., the Secretary)

The last meeting of the Columbus Academy of Medicine was held October 7, 1918. Dr. H. H. Goddard, Ph. D., related to the Academy the history of the Department of Juvenile Research together with an outline of its future work, and described the difficulties psychologists and psychiatrists have had in standardizing the conduct of children so as to determine what is normal behavior for the given child. Dr. Goddard gave considerable time to this phase of his paper reciting specific illustrations to support his statements. The paper was discussed by Drs. G. T. Harding and E. J. Emerick, who confirmed and elaborated the points made by Dr. Goddard.

Dr. C. H. Van Norman of the University of California and President of the National Dairy Show, gave an informal talk on the exhibition and the scope of the display this year.

Dr. Louis Kahn explained the plans of the

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Calcreose Tablets, 4 grs.	100, 40c.; 500 \$1.60 1000, \$3.00
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Calcreose Tablets, No. 2. Calcreose, 4 grs.; Iron, reduced, ½ gr.; Arsenic Trioxide, 1-150 gr.; Strychnine, 1-150 gr.	100, 45c.; 500, \$1.75; 1000, \$3.25
Calcreose with Iodine Tablets. Calcreose, 4 grs.; Iodine, 1-30 gr.	100, 45c.; 500, \$1.85; 1000, \$3.50
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health authorities to cope with the epidemic of influenza. He felt that the state and governmental agencies should take a more urgent part in establishing the attitudes of health authorities in trying to cope with the epidemic. The following candidates for membership in Academy were unanimously elected: Dr. E. J. Martin, Dr. C. W. Conley, Dr. H. H. Goddard, Dr. Florence Mateer and Dr. William C. Heintz.

COUNTY SOCIETIES

THIRD DISTRICT

Logan County Medical Society, in regular monthly session at Bellefontaine, October 4, elected Dr. Carrie Richeson secretary to fill the unexpired term of Dr. Guy J. Kent, deceased.

FOURTH DISTRICT

Seneca County Medical Society's September 19th meeting was a patriotic occasion, being a farewell party for three of its members—Captain George W. Williard, Lieutenant Dorsey Fellers and Lieutenant W. H. Benner—who were departing for military service. Dr. B. R. Miller of Tiffin read an interesting and timely paper on "The Physician's Place in War Time," which was freely discussed. The society adopted a resolution asking the public to co-operate with them by observing office hours and giving early morning notice when calls are desired.—E. H. Porter, Correspondent.

SIXTH DISTRICT

Summit County Medical Society held its regular monthly meeting on October 1st with an attendance of Akron, Cuyahoga Falls and Kenmore. The following new members were taken in: Drs. P. A. Paulson, G. Hopkinson, C. J. Miller, J. Sawyer, R. I. Knapp, S. E. Zeigler, R. H. Amos, H. H. Biggs and W. G. Murray of

Akron, C. W. Irish of Barberton and E. J. March of Canton. Mr. E. E. Chapman, superintendent of Mount Sinai Hospital, Cleveland, presented an excellent paper on "Hospital Standardization and Its Effect on the Medical Profession," which was discussed by Mr. E. C. Shaw, vice president of the B. F. Goodrich Company, Mr. C. E. Sheldon and Drs. J. G. Blower, D. H. Morgan, M. D. Miller, J. M. Denison, W. S. Chase, T. B. Hollingsworth and J. D. Smith.—A. S. McCormick, Correspondent.

Portage County Medical Society held its regular monthly session at the Aetna House, Ravenna, on the evening of October tenth. Members of the society were the guests of Dr. S. L. Sloane. The attendance was comparatively small, but made up in interest what it lacked in numbers.

The speaker of the evening was Dr. Lewis Emmitt Brown of Akron, who read an instructive and comprehensive paper on "Infected Tonsils and Their Sequella," which was freely discussed. Other guests of the evening were Drs. A. S. McCormick and T. K. Moore of Akron.

A new fee bill was adopted. The society adjourned to meet November 14.—W. B. Andrews, Correspondent.

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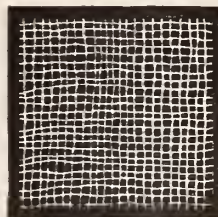
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U. S. Public Health Service and the Quacks

The United States Public Health Service has requested advertising clubs of Ohio to aid in the suppression of advertisements by quack doctors and medical institutes.

A communication from Surgeon General Rupert Blue says: "Venereal diseases are the greatest cause of disability in the army. The service loses more days from men due to venereal disease than from any other cause. Over five-sixths of this burden is brought into the army from civilian life. Only one-sixth is contracted after enlistment. Two of the greatest contributing factors to the continued existence and spread of venereal infection among the civilian population are:

"1. Quack doctors and medical institutes advertising through newspapers, magazines and United States mails to treat men's private diseases.

"2. Nostrums for the self-treatment of venereal diseases advertised in the same way.

"Request your members to be on watch for such advertisements. Whenever they see one send it to the United States public health service, Washington, with a notation of where and when it appeared. Any instance of deception or unfair practice should be referred to the United States health service.

"Enlist the members of your club as sentries

to keep the United States public health service advised of local quackery conditions. Success in protecting from venereal disease the boys who enter the service from your community will depend largely on the co-operation of your club in furnishing information."

Northern Tri-State Meeting

The forty-fifth annual meeting of the Northern Tri-State Medical Association, comprising Michigan, Indiana and Ohio, was held in Fremont October 8. The association convened in Fremont in memory of the late Dr. Martin Stamm, who was a very highly regarded member of the organization.

The program consisted of a throat clinic at Memorial Hospital by Dr. G. W. Spohn of Elkhart, Indiana, followed by two scientific sessions in the Fremont High School building. Among the essayists from Ohio were Drs. John Gardiner and J. H. Jacobson of Toledo, George Strobach of Cincinnati, P. I. Tussing of Lima and M. E. Blahd of Cleveland.

The yearly election of officers resulted in the selection of Dr. G. V. Brown of Detroit, Michigan, as president, succeeding Dr. J. H. Jacobson of Toledo; Dr. G. W. Spohn of Elkhart, Indiana, secretary, and Dr. J. A. Weitz of Montpelier, Ohio, treasurer.

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If you are not already on our books, it will be of special advantage to be there.

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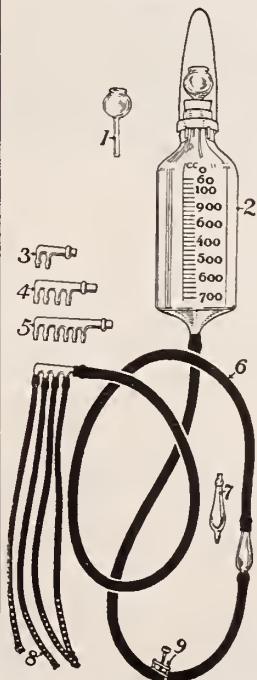
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Minutes of Council Meeting

Council of the Ohio State Medical Association met in regular session in Columbus at the Deshler Hotel, Monday, September 30, 7:30 P. M., with the following members present: President Smith, President-elect Baldwin, Councillors Carothers, Hunter, Van Note, McClellan and Teachnor, and Executive Secretary Sheridan.

The meeting was called to order by President Smith. Minutes of the last regular meeting, June 30th, and the special meeting of August 25th, were read and approved.

Dr. Smith presented the resignation of Dr. C. D. Selby, as secretary-treasurer of the Association and Managing Editor of *The Journal*, to take effect at any time Council saw fit to consider it. Dr. Carothers moved that Dr. Selby's resignation be accepted. Seconded by Dr. Teachnor. Carried.

Dr. Teachnor moved that Dr. H. M. Platter, of Columbus, be elected to fill the unexpired term of Secretary-Treasurer. Seconded by Dr. Hunter and carried unanimously.

On motion, duly seconded, Council voted an allowance of \$25.00 per month to the Secretary-Treasurer, to cover expense of handling the books.

Secretary Teachnor presented the resignation of Dr. E. A. Murbach, councillor of the Fourth

District, and moved that it be accepted. Seconded by Dr. Carothers. Carried.

Dr. Van Note moved that Dr. Charles Lukens, of Toledo, be elected to fill the vacancy caused by the resignation of Dr. Murbach. Seconded by Dr. Hunter, and carried unanimously.

Executive Secretary Sheridan outlined two plans for a legislative conference early in December—either calling a meeting of representatives from each county to meet in Columbus, or to call group meetings over the state to outline as far as possible the legislative situation in Ohio. After discussion, Council agreed that the best good could be accomplished by having group meetings, immediately after the November election.

After discussion relative to method of collecting 1919 membership dues, Dr. Van Note moved that in view of the great number in service, that for the following year those who are in service be admitted to membership on payment of \$2.00, or the cost of publishing and mailing *The Journal*. Seconded by Dr. Baldwin. Carried.

On motion of Dr. Carothers, seconded, Council adjourned, to meet Sunday, January 5, 1919, at 1:30 P. M. at the Deshler.

WELLS TEACHNOR,
Secretary of Council.

Chlorazene

USE IT AS A PROPHYLACTIC AGAINST

SPANISH INFLUENZA

McCord, Friedlander and Walker, of Camp Sherman, in the July 27th issue of the A. M. A. Journal, report remarkable results with gargles of CHLORAZENE, followed by Dichloramine-T sprays in the treatment of diphtheria patients and diphtheria carriers.

Capt. Paul G. Woolley, of Camp Greene, in the Journal of Laboratory and Clinical Medicine for April, says: "In the only organization which made use of systematic nasal sprays since the first of the year not a single case (of meningitis) developed. . . . One comes to have a very healthy respect for Dichloramine-T as an agent for the prevention of diseases of upper respiratory tract origin."

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This is a splendid apparatus for the general practitioner, as it makes it possible to install an x-ray laboratory—including, in addition to the "Universal, Jr." transformer, the highest quality combination stereoscopic table and stand, a stereoscope, an x-ray tube, intensifying screen, dark room accessories, x-ray plates, etc.—an equipment capable of turning out the finest radiographic work of all parts of the body, for less than \$1400.00 on the alternating current and \$1460.00 on the direct current.



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OHIO HOSPITAL NOTES

—A special commission from the war department recently visited Toledo, Detroit, Cleveland and other Great Lakes cities to locate hospitals to receive convalescents and soldiers for reconstruction to the number of 35,000. The commission plans to utilize buildings now available, but will erect new buildings if necessary.

—Sandusky County's new Memorial Hospital at Fremont was formally dedicated on October 6. The building, which cost approximately \$150,000, will accommodate 50 patients and is said to be one of the most completely equipped hospital structures in the state.

—Coshocton, Fairfield, Licking, Muskingum and Perry Counties have under consideration the project of organizing a tuberculosis district for the erection and maintenance of joint hospital. If this group of counties perfect an organization it will be the third district organized this year.

—St. Alexis Hospital, Cleveland, has opened a nurse training school.

—A medical staff of 12 doctors has been organized at Aultman Hospital, Canton, succeeding the score of physicians who resigned several weeks ago when the board of trustees refused to make changes in the executive staff. Miss Martha Owen, assistant superintendent, has been placed in temporary charge of the hospital. She succeeds Miss Alice Hemmingway, resigned.

—The Cleveland City War Board has been asked to appropriate \$50,000 to care for venereal disease patients at the city hospital. The city recently obtained approval of the Capital Issues Committee for a bond issue of \$50,000 to remodel the nurses' home at the hospital into a specific disease hospital.

—If recommendations of treasury department inspectors are favorable, a floor will be added to the United States Marine Hospital, Cleveland, and it will be made one of the most modern institutions of its kind on the Great Lakes. Other improvements are now being completed at a cost of \$10,000, giving the hospital 100-bed capacity.

—The State Board of Administration announced, October 12, the appointment of Dr. R. R. Kahle of Columbus as consulting surgeon for all Ohio state institutions under its control. This is a new position created by the board, because of the need of a surgeon to consult and assist the regularly employed physicians at the institutions.

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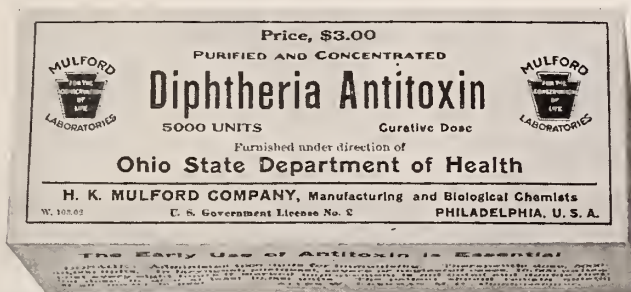
A breakfast dainty whose flavory flakes hide 20 per cent unground bran.

**Pettijohn's Flour — 75 per cent
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The Ohio State Department of Health has an exclusive contract with H. K. Mulford Company, providing for the distribution of Mulford Brand Diphtheria Antitoxin in Ohio, under the direction of the State Department of Health, and under special label, at the following prices:

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This Antitoxin is furnished at above prices to all physicians, for general practice as well as for local Boards of Health, hospitals and other institutions.

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If your druggist does not have it in stock, tell him to get it for you. There are no exclusive distributing depots, any druggist can get it.

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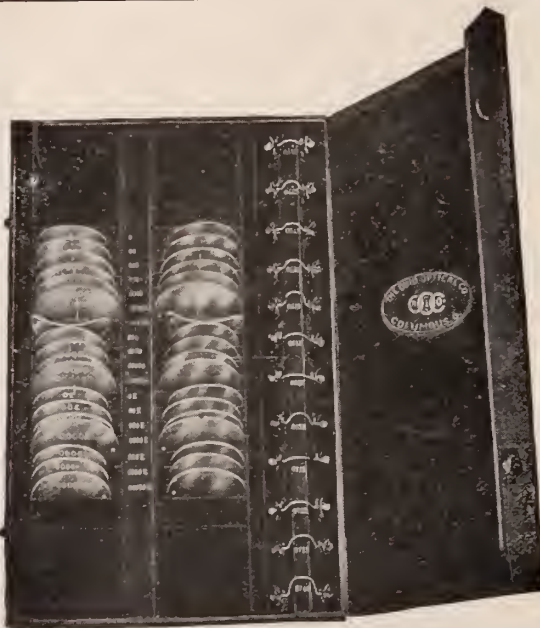
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This journal is published for and by the members of the Ohio State Medical Association. It endeavors to maintain a high standard of advertising. Its advertising policy is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

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Issued under the direction of the Publication Committee.

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Editorials

ANOTHER URGENT CALL TO DUTY

As a patriotic duty—a duty which we believe you all fully appreciate—Council of the Ohio State Medical Association hereby calls upon each component county society to pay from its treasury, or by a special assessment, the 1919 State Association dues for all members who are in active military service, or who are under commission awaiting early call.

We made this patriotic appeal to the profession one year ago and response by each county society in the state was unanimous. By reason of this, our members who have been on the fighting fronts and in the camps have been kept in good standing in the State Association, and have been kept in touch with medical progress in Ohio through The Journal and other means. This was not a charity, as we all realize; it was merely another instance of how those of us at home tried to keep the home fires burning. There have been many expressions of appreciation from those in the field.

Last year, inasmuch as Council was uncertain as to possibly unusual expenditures, we required county societies in paying for military members, to remit \$4.00 in each instance—the full amount of the State Association dues. This year, owing to strict economies, our Association is in better financial condition and we have adopted a resolution reducing these dues for military members to \$2.00.

We appeal to officers of county societies to take this matter up immediately and on special forms issued by Executive Secretary Sheridan, to remit at once the 1919 dues on this basis for all of their members who are now in military service, or who are commissioned awaiting call.

Council, after carefully viewing the situation, feels that it would be disastrous to permit any decrease in the size of the Association during the coming year when so many important problems must be faced. Likewise, we feel that this slight courtesy is due our patriotic colleagues. Please be prompt and remit immediately to the State Association office at Columbus.

Council of Ohio State Medical Association.
Wells Teachnor, M.D., Sec'y.

The Supreme Court

Judge R. M. Wanamaker, of Akron, was re-elected to the Supreme Court by a very large majority. This indicates that the people of Ohio

appreciate the high type of judicial service. During his many years on the bench Judge Wanamaker has, without fail, met judicial problems squarely and intelligently and has arrived at his conclusions without fear. During his tenure on the bench in the lower courts in Summit County and since he reached the Supreme Court he has handed down decisions in several cases affecting public health and the integrity of medical practice. Without exception these have been just and clear-sighted. Judge Oscar W. Newman of Portsmouth, who was defeated for re-election, was likewise a high type of man and his retirement is noted with regret. We are assured that his successor, Judge James E. Robinson of Marysville, is well qualified to pass upon the weighty problems that come before this high court.

Ohio Is To Enter New Era of Public Health Protection

Ohio is to witness a revolution in methods of protecting the public health. If we gauge rightly the changed attitude of the public toward this important subject, there will be a much more vigorous handling of the whole problem. The public has come to realize that protection of the public health is one of the major public functions.

Two factors have contributed in the main: The operation of the selective service law has turned the spot light on the true conditions of our national health and has brought to light the ugly facts. Scientific and wonderfully effective medical service rendered our troops, particularly in preventing disease, has demonstrated to the rank and file that organized health provision is entirely possible. In other words, we have learned that public health is purchasable, and we have learned that some very large purchases are immediately necessary.

In the future it will not be necessary for medical organizations and medical men to stand alone in the advocacy of health measures. Any project that is sane and sound will have behind it a united people. We predict that practically universal support will be given to the two major projects by the Ohio commission that has been investigating sickness conditions, and both of these general propositions five years ago—before the war—would have been considered extravagant and wasteful.

We refer, of course, not to the plan of compulsory health insurance which probably will be recommended by the Ohio commission, but to the two general public health proposals which we understand they will recommend for immediate passage:

1. A very material extension of the work of the State Department of Health so that every county in the state will be provided with a full-time health officer and an adequate staff of assistants. This measure has been proposed in Ohio at odd times for several years, but never has

it received serious consideration by the legislature. It is fundamental. Prior to this time we have had a central health department which has endeavored to supervise the health activities of the state and has done its work wonderfully well in view of statutory and financial limitations which hampered it.

2. A plan for compulsory medical supervision of every school child in Ohio as a part of the regular school training, and additional legislation that will make it possible for the school medical inspectors to enforce the correction of incipient physical defects detected by this inspection system.

* * *

Mr. John A. Lapp, the efficient director of the Ohio commission, assures us that the health survey has demonstrated the absolute need of effective legislation developing these two points. Their importance may be understood when it is known that the commission will advocate their adoption even in advance of adoption by the state of compulsory health insurance—the merits of which may be debatable. The significant fact is, that these regulations probably will be concurred in heartily by organized labor and by the organized employing interests. These interests, during the war, have learned the cash value of proper health supervision.

Consider for a moment the wonderful advances that Ohio will make when she adopts these two fundamental propositions. Prior to this time the general public has taken little or no interest in health administration, as is evidenced by the fact that many of our five thousand local health officers receive salaries ranging from two to ten dollars per year and render a service commensurate. Further, in at least three legislatures, the Ohio State Medical Association has caused to be introduced proposals for a limited compulsory medical supervision of schools. These measures were not considered seriously even by the sub-committees to which they were referred. Now, in view of changed conditions, it is not improbable that they will go through with practically unanimous approval.

These radical changes again emphasize the necessity of scientific and honest medical practice. Quackery and ignorance are doomed. Fortunately the medical profession started preparation ten years ago to meet this awakened public sentiment when it rid the country of quack medical schools and placed medical education on a really scientific basis.

During the next ten years a man must be a scientific practitioner to succeed. Material extension of the health department will mean the extension of diagnostic facilities. Probably it will mean the establishment of county diagnostic laboratories, in which event no physician will have excuse for slipshod practice.

There is certainly impending a new era of medical practice in this state, and the future is very bright.

A FRANK STATEMENT BY PRESIDENT E. O. SMITH

To the Members of The Ohio State Medical Association:

For more than a year I have served as president of the Association and have been in more or less close contact with medical conditions throughout the state. By reason of this contact I have had the benefit of a perspective that otherwise would have been denied me. As a result of this perspective I want to drive home this emphatic statement:

During the succeeding five years—the post-war period—it will be far more necessary than ever before to maintain in this and every other state the best possible medical organization. This is absolutely vital to the welfare of the profession, and, more importantly, to the welfare of the people.

Here in Ohio particularly this is true. Ohio seems to be in the forefront of states ready to test and even experiment with the great economic changes that have so important a bearing on public health and medical practice. This was true even before the war; it will be far more true in the months and years immediately ahead of us.

I am convinced that only the smallest fraction of the profession understands the possibilities of the so-called compulsory state health insurance. Hardly any of us realize that its effect upon medical practice will be little short of revolutionary. Yet, here in Ohio, we are on the threshold of this experiment. It will be given consideration by the legislature which convenes next month. It may not be passed by this assembly, but those who know the tremendous economic forces involved assure me that the movement is certain to sweep the country, and that Ohio will be among the first states affected.

No one can say at this time whether its effect upon the profession will be disastrous or the reverse. The best information I can secure is that this will depend upon the *kind* of a system adopted by our state, and this leads me to the point of my appeal.

In the development of this big movement the medical profession will receive absolutely no consideration unless it is organized and alert every minute to the possibilities of exercising its organized influence. No other group will look after our interests. *Numerically, in comparison to other groups involved in a major degree, our profession is small; it is, therefore, absolutely vital that our representative organization be the strongest possible.*

I am convinced that adequate representation in the development of this new system only can be secured through The Ohio State Medical Association. The Association is representative of the great bulk of the profession. It is financed, and through its well-managed headquarters, is equipped to deal quickly and practically with these matters.

The trouble, as I see it, is that in these war times when many of our members are in service and others are interested in extra work, we may be tempted to slight our interest in this organization.

Such lack of interest would, in my opinion, be productive of very grave disaster. Now is the time when, as never before, we must all pull together for common aims, and this can only be done through our big centralized State Association. The public and the law-makers must know that it is representative of the whole profession and speaks for the profession. If this is possible—and it is possible—the best interests of Medicine will be conserved during this trying period ahead of us.

This month Executive Secretary Sheridan is calling on all county society officers to quickly collect the 1919 Association dues, which are payable in advance. He has urged that this be done promptly and the task completed before the end of the year, so that his time and the full resources of his headquarters staff may be devoted to dealing with the legislative problems immediately ahead of us.

I, therefore, appeal to every county society officer to take immediate steps to collect dues for the coming year and to increase the membership of each component county unit to the maximum. Let no honorable physician escape this responsibility.

In connection with this appeal I ask every member of the Association who is not in active military service to immediately send his or her check for county society dues to the local treasurer, so that it may be promptly forwarded to Columbus, and I earnestly ask in the interests of organized medicine, that during the coming year each one of you take a more active interest in the local work of your society and in the co-operative effort that will be put forth by the State Association. This is the time for everyone of us to do our full share, and if we fail the results will be serious.

I have the honor to be

Very respectfully yours,

Cincinnati, Ohio,
November 25, 1918.

E. O. SMITH,
President, Ohio State Medical Association.

"Goodbye Medicine! Hello Chiropractic"

The scarcity of physicians in practically every Ohio community and the unusual prevalence of disease, primarily caused by crowded war conditions and aggravated by the influenza epidemic, has given the chiropractors an unparalleled opportunity to reap a harvest of dollars. They have not been slow to take advantage of this commercial opportunity. A review of the advertising columns of Ohio newspapers, particularly some of the more blatant journals printed in war work centers, shows an almost unbelievable resort to display advertising as a means of promoting their charlatanism and quackery.

In Akron, Canton, Lima and certain other cities where war wages have reached the bonanza stage, and where dupes are consequently plentiful, these healers are spending hundreds of dollars for printer's ink. Their advertising claims are in beautiful harmony with their complete lack of professional standard.

One of the most unique of the advertising campaigns is that conducted through the columns of *The Lima News* by one Z. W. Wise, chiropractor, who is partial to full and half-page display space. Invariably he garnishes his work with an imposing photograph of himself, enclosed in a white tie and an impressive cutaway. His Gothic captions are snappy and to the point—usually something like this: "Good-Bye Medicine, Hello Chiropractic." The sick are told that if they will "present this ad" on a certain date one sample adjustment will be given free. But the crowning feature of his announcements usually is a two or three-column black-face box in which he gives a list of "the more prominent and important diseases, also the shortest length of time in which they respond to chiropractic adjustment." There follows invariably a tabulation, from which the following are excerpts:

<i>Disease</i>	<i>Shortest Time</i>	<i>Longest Time</i>
Appendicitis.....	1 day	2 weeks
Backache.....	Few days	3 weeks
Diabetes.....	1 month	Few months
Deafness.....	Few days	3 months
Epilepsy.....	1 month	6 months
Goitre.....	3 weeks	6 months
Headaches.....	1 day	1 month
Stiff Neck.....	1 day	2 weeks
Paralysis.....	3 weeks	Several months
Eye Trouble.....	1 week	6 weeks
Female Trouble.....	2 weeks	6 weeks
Impotency.....	1 month	1 year
General Run-down		
Condition.....	1 week	6 weeks

* * *

There is one bright spot in the whole situation. The unusual conditions have permitted chiropractors unusual rope. It is the confident prediction of those who are familiar with the situation, and who know the kind of treatment rendered by these

people in response to their wild advertising, that they are using said rope to hang themselves, professionally.

Patriotism and Speed

Some really splendid service was rendered the state and nation by the civilian physicians who dropped their private practices when influenza became pandemic and answered the emergency call of the United States Public Health Service. Dozens of these men in Ohio promptly left their homes and placed themselves completely at the disposal of Surgeon General Blue, who acted through the various state departments of health. An instance of their good work has been called to our attention by a Northern Ohio doctor. When Dr. J. E. Hunter of Greenville was sent to the Camp Perry proving grounds where several hundred men were quartered, he found the epidemic in full swing. After a quick survey he demanded that an emergency hospital immediately be erected so that the sick might be given adequate care. The line officers in charge and the officials of the construction company, acting under his direction, built and equipped an emergency hospital with one hundred beds in exactly forty-eight hours. A small corps of nurses was rushed to the camp from Toledo, two assistant physicians were secured and at the expiration of this amazing period Dr. Hunter was in full charge of a hospital plant, roughly but adequately equipped, in which the best of care was being given to seventy patients. Instances of this kind were reported from other sections of the state. The work of the men who went into the various mining centers and quickly brought order out of chaos was especially commendable. These civilian physicians who measured up to the highest standards of their profession are deserving of very great credit.

Keep Your Eyes Open

In this issue of *The Journal*, on another page, we are publishing the names of the men who will make up the House and Senate in the Eighty-third General Assembly of Ohio which convenes at Columbus in January. We trust that if you are not familiar with the names of the men who represent your district you will acquaint yourself immediately. *The Journal*, following the policy adopted four years ago, will endeavor to keep members of the Association informed through its columns of various important measures pending before these legislators, and how they individually vote on the various proposals. It is certain that important matters affecting the medical profession will be dealt with by them. If you, who are interested in your profession, do not take the trouble to check up on their work, these legislators are very apt to be swayed by the anti-medical

propagandists who uniformly devote careful attention to these matters.

We earnestly urge that at the December meeting every county society consider the legislative situation. In several counties men who have served as legislative committeemen in past years are now at the front. This post should be filled in every instance by the best qualified doctor in the society.

Capitalizing the Epidemic

So soon as the influenza epidemic became general, the patent medicine gang started to exploit the sick. It was apparently a very simple matter for the "cure alls" to add influenza and pneumonia to the sketchy list of ailments for which each particular dope was specific. Bottled swill that has been advertised for many years as curing everything from bunions to pyorrhea suddenly became particularly effective as anti-influenza agents.

Dr. H. L. Rockwood, acting commissioner of health, in Cleveland, promptly stopped the sale of one of the most blatantly advertised concoctions. This product is known as "Anti-Flu," made by the Nulyne Laboratories of Jackson, Michigan. Dr. Rockwood, after having the dope analyzed by H. C. Knopf, city chemist, immediately directed all druggists to discontinue its sale, declaring it to be a misbranded product, based on false and fraudulent claims. To this order he added:

"Your attention is called to the fact that any preparation sold as a treatment or cure for Spanish Influenza is illegal and contrary to the best interests of the public health of this city."

The fraudulent remedy evil probably is handled better in Cleveland than in any other Ohio city. Dr. G. E. Harmon, acting chief of the Bureau of Laboratories, seems to have the confidence of the druggists—who are co-operating with him in his work. Recent orders issued from his laboratories order the discontinuance of the sale in Cleveland of Swissco, made by the Swissco Hair Treatment Company of Cincinnati; Leonard Ear Oil, a New York product; and Mrs. Price's Canning Compound, manufactured in Pennsylvania.

Back to the Soil

Secretary Platter of the State Medical Board has become an active booster of the "back-to-the-farm" movement. Recently one Mr. Bebout blossomed forth as a chiropractor in Newark. Platter got the goods on him and secured a conviction. His orders to leave the state were suspended when he promised to quit practice and take up honest work on a Licking County farm. Now one Mr. Young, Springfield's alleged chiropractor, who is under indictment, promises to quit chiropracting and become a farmer if the state will refrain from pressing its case. And Platter told him to "go to it."

Tanaka Continues at the Same Old Stand

A most disagreeable illustration of delay by the courts is presented by the case of T. Tanaka, an active young Jap who calmly settled in Cleveland some three years ago and announced that as a chiropractor he is a wizard in the treatment of human ailments. He paid not the slightest attention to the Medical Practice Act, which he violates constantly. He did not even secure a license to practice the bumcombe art of chiropractic. He merely opened an office and proceeded to advertise with a skill and audacity that reminds one of the late Dr. Munyun.

It was very easy for the State Medical Board to secure definite evidence of his law-breaking. He was able to present little or no defense and early last spring in the Common Pleas Court was convicted and sentenced to 60 days in the workhouse and fined \$250 and costs, as any other law breaker would be.

Tanaka, however, spends thousands of dollars annually with certain Cleveland newspapers and they seem to have brought political influence to his support. The result is that he has been able to drag out his appeal indefinitely and pending such appeal he has persistently continued his law-breaking course—and the newspapers, fully aware of the situation, are continuing to aid him in his exploitation of the public. Eventually, of course, he will be forced to quit, but by that time he will have made enough through his exploitation to pay the costs of his protection, and still have a tidy premium for his law-defiance.

A Chance to Help

Many Ohio physicians connected with draft boards are rendering service of permanent value to their home communities by distributing copies of a circular of instruction for draft registrants who have been rejected because of physical defects. This circular has been prepared by and issued to all draft boards by the United States Public Health Service. In the first draft about one-third of the men examined were rejected for physical disabilities and hundreds of thousands have been and will be added as a result of later examinations. It is highly desirable that the men found to be disqualified for military service by the examining physicians of the local draft boards should receive instruction as to the meaning of their disabilities so far as possible. The object not only is to reclaim men for the military service or for such service as they can perform, but also to lessen the burden of illness and disability among those engaged in essential industrial work. It is hoped that the instructions in this circular, which is really a primer of the physical defects of the nation, will reach far beyond the draft boards and be utilized by all agencies interested in improving the public health to instruct the people with regard to their physical

deficiencies and the ways and means by which they can be remedied.

Careless Press Statements

If physicians would give more attention to matters of general policy, and to the relations of the profession and the public, they would prevent much criticism. In one Ohio city during the peak of the influenza epidemic, the authorities in charge of the local hospital gave out a newspaper statement to the effect that influenza patients could not be admitted "because our rooms have been reserved by several prominent families where maternity is impending." It might not have been so bad had the statement omitted reference to "prominent" families. Even then it would have been sufficiently dangerous. As it was, the newspapers and the public generally joined in an immediate attack upon the hospital management and the profession of medicine in general; and the anti-medical propagandists were not slow to see their opportunity.

Our Attitude Toward Germany

In these days when we face reconstruction problems, it is well to consider our future attitude toward the medical profession of Germany. Much has been written on the subject, but in our opinion the clearest statement was made by Arthur Dean Bevan in his presidential address before the American Medical Association, in June:

"I believe we owe it as a duty to ourselves and to the German medical profession to state clearly the feelings and position of the American medical profession toward them. We can never again hold out to them the right hand of the fellowship of science until the German people drive from power and punish as they deserve the brutal and barbarous autocratic government which is responsible for this war, and has created in Germany a government of the people, by the people and for the people. * * *

"To medical men who are accustomed to study diseased bodies and minds, this state of mind of the German government and the German people seems like the insanity of a whole nation. We medical men are familiar with a horrible disease, which begins with an initial lesion acquired in a debauch and which ends often in insanity with delusions of grandeur and magnificence. It would seem as though the German nation was suffering from such a disease, from such a form of insanity. It acquired its initial lesion in the rape and outrage of Denmark, of Austria and of France in the decade between 1860 and 1870. The virus of conquest and domination has coursed through its veins for more than 50 years, and has produced now a diseased national mind with the delusions of egotism and grandeur that are responsible for this world's war.

"When the German people waken from the

nightmare of the war, they must realize the enormity of the crime they have committed under the spell of the medieval autocratic government that controlled them. They will realize that although they might retain with profit to themselves a province stolen from Denmark or Poland, France or Belgium, they can never dominate with force of arms with profit to themselves for any length of time great nations like Russia and France, England, Italy, Japan and America. We are in this war, as our great President has said, 'to make the world safe for democracy'; and whether it takes one year or ten years, we shall continue the war until the brutal and barbarous autocracy of Germany is destroyed. * * *

Important Work

A new and very important duty has been imposed upon the Executive Committee of the Volunteer Medical Service Corps. In the late summer the number of Ohio doctors who had applied for commissions in military service was so large that several communities were being left without any medical attention. Citizens in these towns presented petitions to draft boards and to the authorities at Washington asking that certain doctors be prevented from entering service. The Executive Committee of the Volunteer Medical Service Corps, feeling that it was not authorized to take action in these cases, presented the situation to the new Surgeon General. He immediately advised the committee that he would greatly appreciate investigation by it of the conditions which prompted these various petitions, and a report to him as to the real community needs. This was promptly done in every instance, and in every case thus far the Surgeon General has followed the recommendation of the Ohio committee. In several cases he has wired instructions to men awaiting commissions to either refuse to accept same or to present immediate resignation from service previously accepted.

The Call to Arms

Reminding one of traditional war horses responding to the call of battle, many retired physicians in Ohio have recently subordinated their personal desires and re-entered active practice as an emergency measure. From many rural sections of the state information has come to the Association offices that doctors who in recent years have engaged in banking, farming, real estate and various other occupations have temporarily abandoned their new business fields in order to render necessary medical service to their communities. In three or four instances that have been brought to our particular attention, the change has been made at considerable personal sacrifice. These men deserve recognition equal to that given the younger doctors who have entered active military service.

Treatment of Acne Vulgaris*

A. Ravogli, M. D., Cincinnati, Ohio

THE basal point in the treatment of acne is to establish its possible etiological factors.

Since Galen acne was considered the result of the accumulation in the system of thickened humors residuals from the nutrition. Bateman¹ took the view that acne was produced by mental troubles causing disturbance of the digestion. Yet he together with Erasmus Wilson² did not deny the fact that in many cases acne is a local affection and often yields to local applications.

Thomson³ pointed out that acne was frequently found in individual lymphatics, with pale thick skin of scrofulous disposition. His treatment consisted principally in regulating the diet, no fish, no salted food, etc.

The ordinary acne was recognized either by Celsus, and then by Plenck and Alibert to accompany Seborrhea and comedones. It has as points of preference the forehead, the nose, cheeks, chin, then the neck, shoulders and chest. It is useful to return to the distinction of varieties for this affection as established from the old dermatologists. When the pustules are surrounding the comedones, is acne punctata, when the pus is abundant, and comedones are scarcely to be seen is acne pustulosa. When the pustules are coalescent together so as to take the appearance of a barley grain, it is *acne hordeolaris*, and when the pustules are deeply seated, hard, swollen in form of abscesses, it is *acne indurata*.

We do not propose to discuss all varieties of acne, but we remain to the consideration of acne vulgaris in the two principal varieties, acne-punctata and acne-indurata.

In order that we may establish a line of treatment, we must have a clear conception on the entity of the disease. In general it is an inflammatory affection of the excretory ducts of the sebaceous glands and of the adjacent tissues, which later on extends to the sebaceous gland itself, forming abscess acne-indurata. It is essentially an affect of the sebaceous glands, consequently it accompanies the disturbance of the fatty secretion, and it is more frequently found at the time of puberty when the sebaceous glands are more active.

A long list of internal diseases have been ascribed as factors in acne gastro-intestinal troubles, genito urinary affections, catarrhal condition of the throat, infections from tonsils, irregularities in the sexual life, and nearly everything normal or abnormal has been comprehended in the etiology of acne vulgaris. In our experience we have always found abnormal secretion of the sebaceous glands of the skin preceding or accompanying acne. In this way the formation of acne pustules would be only a secondary affection, as

it appears also in Rosacea. Seborrhea may be fluid, the skin appears greasy, or crusty, when epidermic dry cells are mixed with the fatty secretion. In acne seborrhea is dry (*sicca*) and the skin is usually studded with blackheads, comedones, accumulation of fat and epidermic layers, forming a little hard grub at the end of the excretory ducts of the sebaceous gland. Many cases of comedo do not necessarily have pustules, but in the most of the cases the pustula contains comedo. Besides the fat and the epidermic cells there are some albumin bodies, crystals of cholesterol, leucintyrosin, in the centre sometimes a small lanugo hair is contained, and when the pustula is formed pus cells are present. We will not recall the discussion of the bacilli found in acne, the Unna-Hodara acne bacillus, the Gilchrist bacillus. Nobody can doubt for a moment that altered greasy stuffs, in contact with the air, at the body temperature may be an ideal culture medium for all sorts of bacteria. In our specimens of smear from the pustulae staphylococci are predominating and to them we attribute the pustular infection, which keeps up the eruption.

Before coming to the treatment of acne, we must yet insist on some views in the etiology of the disease. Strickler⁴ lays stress on interference with the normal bowels movement. He claims that 35 per cent of his acne patients complained with coprostasis. In the same way in some patients suffering with acne vulgaris he found evidence of imperfect digestion in the upper portions of the alimentary tract, some with tendency to vomiting, heartburn, eructations, etc. Coated tongue he claims to be often found among patients with acne, and refers also to cases of acne developed after appendicitis and after typhoid fever. With the laboratory studies Ketron and King found in hyperacidity 48.1 per cent, retention 36.6 per cent, atony 33.3 and ptosis 40 per cent. According to the referred author gastro intestinal findings were present in 60 per cent in a marked degree, and 33 per cent in less degree. We agree with the authors only in one point, that when the conditions of gastro intestinal tract are so marked, fermentation takes place with toxic products, which absorbed and carried in circulation produce acne. For many years we have maintained that constipation has relation to acne, the sulfurated hydrogen developed in the fecal matters is absorbed in the system carried in circulation with detriment to the hemoglobin. Of all these factors together it seems that the principal cause of acne is a debilitated organism. Seborrhea is always the result of a run down system, and seborrhea is the occasional cause of acne. The fat which has to be fluid at the normal temperature of the body, to cover and protect the skin remains hard and so plugs the

*Prepared for presentation before the 1918 session of the Section of Dermatology, Proctology and Genito-Urinary Surgery, Ohio State Medical Association, which was indefinitely postponed because of war conditions.

excretory ducts of the sebaceous glands. This causes naturally an irritation, which with the presence of the pus cocci form the characteristic pustules. Indeed acne vulgaris is only limited to the excretory ducts of the sebaceous glands. After sometime when acne has remained for a long time either neglected or badly treated, the sebaceous glands themselves are infected, undergo degeneration and then peri glandular abscesses are formed and the acne is called acne indurata. It is a question of degree between acne vulgaris and acne indurata. From the proceedings we see that the treatment of acne has to be internal or systemic, and external, local.

Internal Treatment.—It has always been suggested to physicians the possibility of a specific to conquer acne. When acne bacillus was found, a vaccine from its culture was offered to the profession as specific against acne. It has been used the pure acne-bacillus vaccine, and the polyvalent vaccine with acne bacillus and staphylococcus. In any way it has been a failure, and in our experience the most aggravated cases of acne indurata have nearly all received from twenty to forty injections of those vaccines. It seems that our experience is much alike to that of Dr. McDonnell, who could not see any yielding of the eruption to the use of the vaccines.

In our practice we usually find our patients in a run down condition, some from an inopportune diet, depriving themselves of nitrogenous and fatty food, limiting themselves to carbohydrate diet. In a great number of cases constipation is the principal complaint, in only a few cases the digestion is slightly impaired by gastric catarrh with hyperacidity. To improve the condition of the stomach to diminish the hyperacidity we give to the patient powders with gr. 1/5 of Calomel and 3 to 5 grs. of Bicarbonate of Sodium in water three times a day. These powders usually clean the tongue and have also a mild cathartic effect. If the patient is still caustive then we give him in the morning early two teaspoonful of the following mixture:

Magnes. Sulfat.....	3ii
Acid. Sulfur. dil. gutt.....	x
Tinctur Aq. Rhei.....	3i
Aq. Ment. pip.....	3iii

M. S. two tablespoonful in the morning diluted in water.

As soon as the stomach is in better condition, the patient eats well, then we find the appropriate time to give some tonics. In many cases the Compound Syrup of Hypophosphites according to the formula of Churchill, one teaspoonful after each meal in one wineglassful of water has usually given us satisfactory results. If it sounds too much of patent medicine we can give a few drops of Tincture Ferr. 3i. Tincture Nux Vom. 3ii. The appetite is increased and the digestion is favored.

Locally—We wash the face with a tincture of green soap, then it is cleaned with an alcoholic

mixture of phenol. We find the principal local treatment to consist in the opening of the pustules and the squeezing out of their contents. This is done with a triangular point, and either with a small curette or with comedo extractor the contents are removed. In cases of acne indurata, when deep hard abscesses are present, with a thin bistouri the abscesses are opened, and with a small curette the contents are scraped off.

In a case of simple acne we let the pustules opened, wash the face with a solution of Borate of Sodium, and then we apply a layer of Ungent. Zinc. Benzoat. Wilson to protect the little wound. If the blood does not stop, then we use a solution of coagulen, or Hemo plastine Lapenta, which covers the wounds with a gluish film.

The best application during the night is a sulfur salve, a modified Lassar paste. We use

Flor. Sulfur.
Zinc. Oxyd. aa 3i
Amyl. 3ss
Acid. Salicyl. gr. X to XV
Vasilin. alb. 3i
M.

This is spread on the face as a paste and is kept on with a bandage. In case of acne indurata, when the face and the neck are studded with hard nodules, a stronger application is required, and for this purpose we use a salve consisting of 3i Ichthyol in one ounce of Ungent Diachyl. Hebra. This is spread on gauze and applied, leaving it the whole night.

In the morning the salve is removed from the face, the neck is poulticed with hot moist towels, then is washed with green soap. After this is done apply a lotion of Carbolic acid, as follows:

4p. Phenol.
Glycerin. aa 3i
Aq. Ros.
Alcohol. aa 3iii
M.

is applied for two or three minutes, then is dried, and a little rice powder is applied. The patient can go to his or her occupation.

The opening of the pustules is done once a week. In some cases when many comedones are aggregated, with a dull curette we scrape the skin to remove the superficial comedones.

In our experience after a few treatments the patient has gained considerably. They are advised to be treated any time they see new pustules forming, preventing in this way new infection.

The method is old, but it gives in our hands much better results, than all the other methods of treatment.

BIBLIOGRAPHY

1. Ba'temann. Prakt. Darstellung der Hautkrankheiten nach Willan's system. Halle 1815 transl. from English quot. by Hebra.
2. Wilson, Erasmus, On diseases of the skin. London, 1836.
3. Thomson. Practical treatise on disease affecting the skin. London, 1850.
4. Strickler, A. Etiological factors of acne vulgaris. Am. Jour. of the Med. Sciences, Vol. CLIV, No. 4, October, 1917, p. 579.
5. McDonnell, R. A. The treatment of acne., Journal of Cutaneous Diseases, Vol xxxv, No. 2, Feb., 1917.

The German Kaiser--A Psychological Analysis*

H. H. Drysdale, M. D., Cleveland, Ohio

IRRRESPECTIVE of the fact that various forces have been accused of precipitating the twentieth century holocaust, it is the unshakable opinion of the non-Teutonized people of the earth, that the German Kaiser, as head of the most stupendous military organization known in history, secretly, willfully and maliciously drew the sword that tore peaceful Europe asunder and without the slightest regard or consideration for law or mercy planned to dominate mankind through the instrumentality of brute force and unexampled frightfulness.

The object of my thesis is to study the personality of this heartless monster, this arrogant, uncompromising, self-styled superman who evidently is controlled by the morbid conviction or obsession that he is destined to rule the world by the direct summons and commission of Almighty God.

It is of course impossible to make what would be considered a complete psychological analysis of WILLIAM II, as the opportunity of subjecting him to a painstaking physical and mental examination has so far been denied us but his ancestral and personal history as well as his innumerable utterances are matters of public record and these I think afford considerable insight into the true character of this dangerous and iniquitous egoist.

The ancestry of royalty in general has always been a fruitful topic for discussion by those interested in the mind and its disorders and while no reliable statistics are available it has long been recognized that mental disease or defect, of one sort or another, is particularly prevalent among the so-called hereditary titled people. It could hardly be otherwise as they have for centuries encouraged the intermarriage of blood relations, a practice which invariably is antagonistic to vigorous mental health. This may also explain why so few royal personages reach high places in the intellectual world.

When mental disaster invades a royal household the incident is guarded with the utmost secrecy and as a rule the subsequent confinement and even the death of the unfortunate seldom reaches the public ear. When visiting a prominent private institution for mental infirmities, in Scotland, some years ago we were permitted by the medical director, to enter the palatial apartments of a mentally enfeebled prince but every precaution was taken to hide his identity from us. European psychiatrists, of course, have full knowledge of these conditions but for obvious reasons a history of their distinguished patients remains unknown to medical literature.

But even though every effort is made to conceal or minimize the mental shortcomings of the

nobility, there is no escape from the fact that a considerable number of them are at least psychopathically blighted in consequence of a defective inheritance.

In scrutinizing the life histories of the German royalty, the love of pomp, the worshipping of helmeted warriors, the belief in the divine right of kings, the passion for all that is military and the fixed notion of supremacy appear to be their most constant characteristics.

Convinced of their innate superiority in all things and in the belief that they were created and vested with special powers from on High it is not surprising that the Hohenzollerns have considered all other nations and rulers, decadent, degenerate and barbaric. Deep in their hearts they have long envied England, despised France, hated Russia and ridiculed America. Are not their hymns of hate and their prayers to God to punish all those who oppose them, significant psycho-pathological manifestations?

As a class they seem to be wholly lacking in those priceless ideals of human brotherhood-love, honor and fair play. In diplomacy, in trade, in sport and games they are universally recognized as poor losers. Beaten in any department of life they invariably expose their unsportsman-like traits.

On the other hand, among the present Kaiser's forefathers we find examples of the highest type of manhood, men of distinction, sympathetic and intelligent in the highest degree, energetic in character and free from that vein of hardness which distinguishes the true Hohenzollerns.

In his speeches, William II, seldom refers to his parents but reserves most of his panegyrics for his grandfather and Frederick the Great, both of whom he extols as paragons of ability and manly virtues. Others of his predecessors also receive fulsome praise despite the fact that an impartial history accords them no high place on the scroll of fame.

Let us at this point study the Hohenzollern family and their forebears, in a brief, though systematic manner, and determine if possible whether or not they possess the exalted and matchless attributes, the German Emperor claims for them.

The Kaiser's father, Frederick III, Germany's second Emperor, was a man of splendid physique and military bearing. With a liberal and kindly nature he became universally beloved. Much of his life however was passed as Crown Prince and with the exception of a brief leadership in the war of 1866 he took little part in the political activities of his time. He was regarded as an exceedingly hypersensitive and impressionable man and as such grew lethargic and despondent through years of inaction and exclusion from

*Prepared for presentation before the Nervous and Mental Section, Ohio State Medical Association, 1918.

governmental labors. To add to the despairing ideas which conquered his mind he realized that the sentence of death by cancer had been uttered and his days were numbered. In March, 1888, his aged father, William I, died, and Frederick III, facing death himself, but anxious to turn what fleeting days might be left him, to the advance of liberalism in Germany, ascended the throne. His uneventful reign of ninety days ended June 15, 1888, after an illness borne with unusual fortitude.

The Kaiser's mother, the eldest daughter of Queen Victoria of England, was recognized as an exceedingly capable, cultured and refined woman though extremely opinionated and self-willed. The fact that she clung tenaciously to her English tastes and sympathies made her anything but popular in Germany and among the influential classes she was actually despised. The impression prevails that the present ruler of Germany inherited much of his mother's strong will and impulsiveness although her influence upon his character did not extend beyond childhood.

The Kaiser's grandfather, William I, was the founder of the German Empire. Physically he was regarded as a splendid type of manhood with an imposing figure. Born in 1797 he spent his early life with his parents, Frederick William III and Queen Louise. At the age of 17 he won the Iron Cross in the war with Napoleon. Was crowned King of Prussia in 1861 but previously served as Prince Regent for his brother, Frederick William IV, an extremely unstable though brilliant personage whose mind finally crumbled and who died insane after four years' pitiful confinement.

The old Emperor was a kindly man with an understanding largely confined to military matters. Historians credit him with being the soul of honor, generally religious and wholly conscious of his shortcomings. His domestic life, however, was anything but harmonious and he lived in constant awe of his consort, Empress Augusta, whom he frequently referred to as *Feuerkopf*, or "hot head."

In the early seventies his mental powers began to wane and his memory became unfaithful. During the year 1878 he was attacked by anarchists and suffered severe wounds which bled freely. Strange though it may appear his mental condition promptly improved and the Emperor jestingly remarked to his constant adviser, Bismarck, that a good "blood letting" was just what he needed. If these facts are true it is reasonably certain that he was afflicted with arterio-sclerosis incident to his advanced years. On his death bed (1888), at the age of 91, he became delirious and unmanageable and it is told that his grandson, the present Kaiser, was the central figure in his ravings.

Frederick II, Prussia's warrior King, born in 1712, was universally designated, Frederick the

Great. During his long reign (1740-1786) this giant figure created an army and navy and welded the scattered fragments of his smaller states into a rather homogeneous entity. These accomplishments won for him a distinguished place in history despite his arrogant, eccentric, cynical and dictatorial personality. He was every inch a soldier and had no sympathy for anything but the career of arms, rude combats and bloody battles. Napoleon assigned him in the first rank among generals. In intellect and in his quaint mixture of good morals and rugged egotism he was the very prototype of William II himself. In 1780 he became afflicted with gout and for several years suffered keenly. Dropsy finally developed and he died in 1786.

History has nothing complimentary to say in behalf of Frederick William I, King of Prussia, and father of Frederick the Great. He was an insolent, innately quarrelsome, violent-tempered, hypocritical ruler. When he was intoxicated which was nearly always, the vocabulary of no language could supply him with a fitting appellation. His life record is one long story of degradation and perversion; an expression of a distorted mentality. One incident which particularly exposes his debased nature concerns the senseless kidnapping of tall men to recruit his grenadiers and his forcible abduction of big women, married and single, in order to establish a breeding colony for the propagation of giants for his army. He died unhonored and unsung, February 28, 1713.

A discharge of 101 guns in the gardens of the Royal Palace, Berlin, January 27, 1859, announced the birth of William II.

Little is written regarding his infancy but early portraits depict a refined, dreamy-faced German boy with a soft gentle chin, small arched lips and meditative eyes. His forehead though not broad is of fair height and fullness. The facial contour is unsymmetrical. The shape of the head approaches the brachycephalic. The left arm is congenitally palsied and the left hand and fingers are deformed.

At the age of 15 he entered college at Cassel as an ordinary student and was the first Hohenzollern to attend a public school. This innovation was credited at the time to the eccentric liberalizing notions of his English mother, the Crown Princess. He was considered a fair student, extremely conscientious and unaffected by his exalted rank and position. It is told however that he had a will of his own and possessed a nervous, delicately-poised and highly sensitized temperament.

The young Prince left Cassel in 1877 after passing a rigid examination (*Abiturienten-Examen*, The German B. A.). Stood tenth in a class of seventeen which was officially designated "satisfactory."

The following year he matriculated at the University of Bonn and his education and train-

ing thereafter passed into the hands of soldiers and men of the world. This change marks an important epoch in the formation of his character as subsequent events adequately show. He was made a second lieutenant and threw himself into military activities with feverish eagerness. The glitter and color of the parade ground, the peremptory discipline, the sense of power given by those superb wheeling lines and walls of bayonets evidently made a profound and lasting impression upon his susceptible mentality.

Towards the close of his student days at the historic Rhineish university he met the amiable daughter of the Duke of Schleswig-Holstein. She was then 22 years of age, but looked much younger, a privilege from nature she still enjoys in middle life. February 27th, 1881, they married, amidst great popular rejoicing. During all these years, as the world is aware, their home life has been ideal and the secret of their happiness is attributed to the strong moral sense of the Emperor and especially to the domestic qualities of the Empress. The offspring of this union is a family of seven children—six sons and a daughter.

During the pre-accession days (1881-1887), a great deal of intrigue, both social and political, prevailed in high circles. History unfortunately gives but a meagre impression of the part the young Prince took in these troublesome times, but it is intimated that he keenly resented his father's less aggressive though diplomatic tendencies. He seemed to assume an uncompromising, determined attitude, was ill-disposed to tolerate parliamentary co-regents and openly sought to take the reigns of government into his own hands. This brought him into constant conflict with the aged Chancellor, Bismarck. June 15th, 1888, he ascended the throne and the customary royal proclamations were issued. In his address to the army, he said among other things, "I and the army were born for one another. Let us remain indissolubly so connected, come peace or storm, as God may will. You will now take the oath of fidelity and obedience to me and I swear always to remember that the eyes of my glorious ancestors are bent on me from the other world and that one day I shall have to give an account touching the fame and honor of the Army." He also delivered a lengthy eulogy upon his grandfather, reciting his warlike achievements and promised to pattern after him.

A few months later, when unveiling a monument to his uncle, a hero of the Franco-Prussian war, he stated: "That he never meant to surrender a single stone of the acquisitions made in the war and believed he voiced the feelings of the entire army in saying that Germany rather than do so would suffer the 18th army corps and its whole population of forty millions to perish on the battle field."

Exultant militarism rang out from every line

of these boastful utterances but there were many among the foresighted, who feared that an evil day for Germany had dawned; a prediction which is now rapidly coming to pass.

On another occasion he declared, "Our German people will be the granite block on which the good God may complete his work of civilizing the world. Then will be realized the word of the poet, who said, "The world will one day be cured by the German character."

The young Emperor travelled much during the early years of his reign for the purpose, it is said, of becoming better acquainted with foreign countries, creating friendly relations with neighboring monarchs and for the object of studying German conditions from a distance. Whether this is true or not is most difficult to say but it is known that not long after his return from a triumphal journey in England he suffered a severe bleeding at the nose, while attending a military review. As his staff officers rushed to his side, he remarked, "Do not trouble yourselves, gentlemen, it is only the last drop of English blood escaping from my veins."

In personal appearance the Kaiser has changed little in the last decade. His mind remains marvelously alert but it does not dwell on anything long at a time. His hair still abundant is beginning to show the touches of the coming frost of age and the brown mustache, once famous for its haughty upturned ends, is now said to assume an almost level form. He still maintains his characteristic air of self-importance and over-consciousness of his dignity and authority. Always a hard worker he never spares himself; yet with all his feverish activities he has accomplished little that the gratitude of posterity will remember. He rejoices in the clatter of arms, the waving of banners and in vast commemorative gatherings devoted to the glorification of himself and his warrior ancestors. It is on such occasions that he is stimulated to those rhetorical extravagances which have sometimes shocked and often amused mankind.

Withal he is in a narrow fashion, a sincerely religious individual for he imagines there exists a peculiar confidential relation, not distinguishable from an alliance, between himself and his creator. At Königsberg, quite recently, he is quoted as saying, "Here my grandfather placed by his own right the crown of the Kings of Prussia on his head, once again laying stress upon the fact that it was conferred upon him by the Grace of God alone, not by parliament, by meetings or by popular decisions and that he considered himself the chosen instrument of heaven and as such performed his great functions as Ruler." When an individual entertains such exalted egoistic ideas it is needless to say that his intellectual outlook is warped and his judgment and reason materially impaired.

Before the war clouds broke Imperial Ger-

many had won an enviable position among the nations of the earth. Under ordinary circumstances it is reasonable to suppose that she would have been content to rest securely on her laurels and enjoy the fruits of her achievements. But she was ruled by a colossal war personality, one who fatuously believed himself immortal and in whose brain cells dwelt suspicion and hate. "On me as Emperor, the spirit of Jehovah has descended. I am his weapon, His sword and His vice-regent. Without heeding the views and opinions of the day, I go my way." So spoke the Kaiser, and this is the man who permitted his trained blood hounds of war to precipitate a calamity which has made the name of Germany malodorous in the nostrils of over half the world.

Since the war began the Imperial ego has shown no signs of abatement and he continues to cling to the conviction that God is his ally. A chaplain accompanies him wherever he goes. A bible is given to every soldier. Always religious, the long bitter struggle has made him more so, until it almost approaches mysticism. He fully believes that he can do no wrong because God would not permit it. Racing from front to front, continually in touch with every military and naval move, he is undoubtedly the most strenuous character of the war. In times of victory, always on hand to express the thanks of the fatherland and to assure his misled warriors that the Almighty has been with them and will carry them on to new and greater achievements. In his blind conceit he does not know the meaning of defeat and when reverses arise he meets them with scorn and ridicule.

It is truly difficult to measure the psychic make-up of this infamous lord of war who seems to possess a humane as well as a soulless personality.

When free from court and official restraint his intimates find him genial, humorous, thoughtful and hospitable to a fault. In pre-war times he was universally recognized as an apostle of peace and good-will. His home life has been ideal due to his strong paternal instincts. No scandal has crossed his path. War correspondents have reported instances where he had shown deep sympathy and feeling for suffering French and Belgium children.

On the other hand he seems to have a heart of adamant. In his visits to the battlefields he has seen bloodshed, pillage and vandalism in its most revolting and ghastly form. Before his very eyes trenches have been converted into long graves. He has witnessed the atrocities of Belgium and approved the looting and cruelties of the German U-boat pirates. His Zeppelins were permitted to destroy and wreck the lives and homes of innocent civilians and he decorated the submarine commander who sank the Lusitania and sent so many helpless women and children to watery graves. All of this has been countenanced

by one whose very being is infused with religion and who fervently believes in a life hereafter.

With the above facts before us let us attempt to classify his mental characteristics.

He came into the world with a frail body, a palsied left arm and other physical variations from the normal standard (anatomical stigmata). The developmental period of his life presented nothing noteworthy with the exception that he was a hypersensitive, self-willed and overly-impressionable youth. His progress at school and at the university was not above the average. He entered the army soon after graduation and this it appears fired within him the Hohenzollern craving for power and authority. He grew restless, sought new responsibilities and chafed under the restraint that his kindly-mannered father and the wise old Bismarck imposed.

At the age of 29 he ascended the throne and assumed the responsibilities of his great office with commendable strenuousness and efficiency.

The timidity of his youth gradually departed, his slender body grew stronger and with untiring energy he started out to build up the commercial, industrial and military power of Germany. Schooling himself in the art of oratory he became one of the most prolific speakers of his time. Uniformed as a general, as an admiral or as the Emperor, he was always on parade and never lost an opportunity of addressing public gatherings. Some of his speeches, despite their bombastic and sabre-rattling phrases, may well be considered classic.

In a general way he possesses a keen, alert, resourceful though extremely erratic intellect and there is no denying the fact that he has acquired an astounding chest of information upon many subjects. His knowledge in this respect, however, was not derived from books but from the constant association with leaders in the various branches of human activity, a custom he has habitually encouraged.

Unfortunately religion has been his weak spot and it is this factor more than anything else that has distorted his perspective. Otherwise, his might have been a master mind.

From his parents he inherited conflicting traits which unquestionably account for his dual personality. His love of pomp, his ego and his lust for power are Hohenzollern contributions. His impulsivity and the humane side of his nature he owes to his mother. Both parents were highly religious.

In further scrutinizing our subject's ancestral lineage I find him to be the fifth descendant of an English King who died a mental invalid. Frederick IV, (a great grand uncle) also died insane after four years confinement. This monarch's niece (Queen of Bavaria) had two sons, Ludwig II and Otto, both of whom were chronically deranged. Frederick the Great despite his

military achievements was an extremely eccentric character.

These are but a few instances of mental enfeeblement or defect, occurring among the Kaiser's progenitors. I might refer to others but this I fear would carry us on indefinitely. It may be said in passing, however, that the history of the Hohenzollern dynasty, which by the way, covers a period of a thousand years, has been one long trail of religious fanaticism and military lawlessness.

With such an inheritance it is little wonder that the German Kaiser is the treacherous, inconsistent and religious fanatic the world has proved him to be. He came by it honestly. He is a true Hohenzollern.

But admitting that he is the offspring of tainted progenitors and notwithstanding that there is a curious twist in his mentality whereby religion mingles with unexampled cruelty, I have failed to elicit anything in his record, his conduct or his utterances that would lead me to believe he has actually crossed the line where sanity ends and insanity begins, although some writers have regarded him a "Potential Paranoiac."

In support of my contention let us briefly review the history and psychic manifestations of true paranoia.

Paranoia is a chronic, constitution mental derangement characterized by an elaborate system of fixed delusive conceptions, unaccompanied by any disturbance in the logical or syllogistic faculties.

The malady is ushered in with an initial stage of depression or persecution which may extend over a number of years. During this period the unfortunate victim is driven hither and thither by tormenting doubts and fears. In despair he grows suspicious, irritable and distrustful. Everything he sees or hears is wrongly interpreted and at last fixed delusions and hallucinations control him.

He now arrives at the second stage of his progressive malady, the period of delusional explication. All the distress he has suffered has been due to the machinations of presumed enemies, who from his distorted point of view have entered into a conspiracy against him. Insults are hurled at him from every side. He hears them night and day, on the street and in his home. Every sign warns him of impending danger. Wherever he goes, in the city or out of it, the same persecution exists. He cannot escape it.

The onset of the expansive or the third stage may also be sudden or gradual. Awakening in the morning he may unexpectedly announce the discovery of the cause of his bitter conspiracy. It is because of his superiority and importance and in his judgment the world naturally hates and envies him. A complete transformation of the personality takes place and he assumes a

demeanor in harmony with his exalted estate. Now he is buoyant, haughty and self-satisfied. What the content of his future delusions will be depends much upon his inherited temperament and the nature of the ideas that have been germinating in his mind from early youth.

The progress of the disease is continuous with occasional remissions. As the years slip by the paranoiac delusions lose their intensity and a gradual deterioration of all the mental faculties ensues—dementia.

It is therefore manifestly obvious that this universally hated, Hunnish tyrant is not a true paranoiac.

First of all his mental processes are as deep and as swift as they always have been and not the slightest suspicion of deterioration has so far occurred. Furthermore it may be assumed, with a fair degree of certainty, that at no time has he been dominated by pathologic delusions or hallucinations. The suspicions, that other nations were conspiring against him and the fatherland, are those of convenience. It was a necessary part of his life's program, to invent a plausible excuse for bringing his military and naval powers to a state of efficiency unequaled by any nation heretofore.

Today at the age of 59 he is as alert and as aggressive as ever and nothing of importance transpires within the empire, without his full knowledge.

Visiting points at the front with surprising regularity, inspiring his troops, when the situation appears critical, bolstering up a wavering ally or engineering a clever diplomatic move, this impulsive and erratic creature knows no rest.

Then again it is perfectly evident that he is neither the fool or the weakling that some writers would have us believe. On the contrary some of his achievements shine with the brilliancy of a master mind. The very fact that during the four long years of physical hardships, bitter sorrows and financial sacrifices, he has succeeded in holding securely the confidence and affection of his people indicates that he has a deep understanding of human nature and is schooled in the art of moulding public sentiment. The skillful manner by which he stole the thunder of the socialists so that when the war came they deserted their coveted doctrines and stood by the Imperial party to a man, is another notable example of his prowess and foresight. What a power for good such a man might become if instead of pursuing selfish ambitions, he directed his talents to the advancement of human ideals.

As I have previously intimated the Prussian dynasty has been one long history of religious fanaticism and Wilhelm II, has proven to be no exception.

Their religion however is not the religion of faith, hope and charity but the religion of greed,

hate and malice. It teaches that the end justifies the means and therefore condones their unspeakable crimes, because they were ordered by the Kaiser who rules by the grace of God. Nor is the God they worship the God of humanity but rather the God of brute force. In this connection the words of Nietzsche are significant, "And ye have heard men say, Blessed are the peacemakers; but I say unto you, Blessed are the warmakers, for they shall be called, if not the children of Jehovah, the children of Odin." Odin you will recall was the mythological diety of barbarism.

It is therefore in religion that we discover Wilhelm II's true mental deficiency and in this regard he may be classified as a dangerously obsessed fanatic.

One must not infer however that exhibitions of eccentricities or obsessions constitute insanity. If such were the case only those who possess level minds would be termed sane. Persons whose minds deviate in some one or more notable respects from the ordinary standard but yet whose mental processes are not directly at variance with that standard are regarded as eccentric only. It is the prolonged departure from the

normal state of feeling and thinking without adequate external cause, that is the leading and significant feature of a deranged mind. The very fact that he has been able to face unflinchingly the innumerable nerve racking wounds and mental assaults that have been hurled at him, with great force, during this long cruel conflict, is fully sufficient to show that he is fortified by a vigorous body and mind.

In my judgment, the German Kaiser, despite his religious obsession, and his riotous egotism, fully appreciates the difference between right and wrong, has a proper conception of his responsibilities and should therefore be held to full accountability, without mercy, for his acts of despoilation, vandalism and inhumanity.

Finally permit me to add that when the day of cold analysis arrives, and that time is now rapidly approaching, this hard, merciless, poorly balanced Hohenzollern, poisoned by the Nietzschean philosophy that, "War and courage has done more good in the world than Charity," will go down in history, not as a paranoiac but as one of the most shrewd and artful schemers the world has ever known.

The Rose Building.

The Physician's Place in War Time*

Lieut. B. R. Miller, M. R. C., Tiffin, Ohio

IT has been said that no government becomes ultimately strong, invincible, beneficent, but in proportion to its kindness and justice; that a nation does not strengthen itself, by merely multiplying and diffusing its powers and boundaries; that no man who is truly ready to take part in a noble quarrel, either between his own nation and another or between rival nations, will ever stand long in doubt by whom, or in what cause, his aid is needed; and that every enlisted man in such service has put himself in the hand of his country as a willing weapon, the value of which lies wholly within himself.

Ruskin said that "The game of war is only that in which the full personal power of the human creature is brought out in the management of its weapons. The great justification of this game is that it truly, when well played, determines who is the best man; who is the highest bred, the most self-denying, the most fearless, the coolest of nerve, the swiftest of eye and hand."

Ruskin also said: "All the pure and noble arts of peace are founded on war; no great art ever yet rose on earth, but among a nation of soldiers. There is no great art possible to a nation, but that which is based on battle. This conclusion is inevitable, from any careful comparison of the states of great historic races at different periods in the world's history. When I tell you that war is the foundation of all arts,

I mean also that it is the foundation of all the high virtues and faculties of men. I have found, in brief, that all great nations learned their thought of word and strength of thought in war; that they were nourished in war and deceived by peace;—in a word, that they were born in war and expired in peace. But the creative or foundational war is that in which the natural restlessness and love of contest among men are disciplined, by consent, into modes of beautiful—though it may be fatal—play: in which the natural ambition and love of power of men are disciplined into the aggressive conquest of surrounding evil: and in which the natural instincts of self-defense are sanctified by the nobleness of the institutions and purity of the households, which they are appointed to defend. To such war as this all men are born; in such war as this any man may happily die; and forth from such war as this have arisen throughout the extent of past ages, all the highest sanctities and virtues of humanity."

"And the strife that rages so

Burns out the meanness from the land.

Men must fall, and blood must flow,

That our Plants of Honor grow

Unto stature grand."

Fighting is a fixed, innate instinct in any fine race, but it is only the healthy man who likes noble fighting and the accompanying sense

*Read before The Seneca County Medical Society, September 19, 1918.

of danger; and all brave women like to hear of his fighting, and of his facing danger. Such men and women realize that "without danger, danger can not be surmounted," and that "a resolute purpose knitteth the knees and the firm tread nourisheth decision."

"Then Freedom sternly said: 'I shun
No strife nor pang beneath the sun,
When human rights are staked and won.,'"

Burke said: "War never leaves where it found a nation." Channing said: "War is nothing more than a reflection or image of the soul. It is the fiend within coming out." Emerson said: "He who loves the bristle of bayonets only sees in the glitter what beforehand he feels in his heart." Heine said: "Terrible as is war, it yet displays the spiritual grandeur of man daring to defy his mightiest hereditary enemy—Death." And Victor Hugo said: "The great acts of war require to be undertaken by noblemen only."

A war of lust for dishonest riches and power is its own Nemesis. Greed always paves the way for the downfall of those who make it the guiding star of their lives and ambition. Retribution is not the highest of laws, human or divine, but it is as inexorable as fate. A clear conscience and the respect of one's fellow citizens are commendable qualities for which it is still worth striving. True sincerity needs no witnesses, and he who persists in genuineness will increase in adequacy.

Had the emperor of Germany and his military advisers been governed by high and noble purposes of warfare, this great world conflict would not have been precipitated upon an unprepared opponent. Once again, it is proved that as a man metes to another, so shall it be likewise meted to him. The kaiser's god will not be able to save him from the righteous holocaust, which is in preparation by the American army and its brave allies. The deluded kaiser will be given ample measure of the very blessings he has so kindly, so benevolently and so graciously bestowed upon conquered peoples and nations during the past four years. And pleased attention will no doubt be paid his magnanimous periodical peace offensives, which he will kindly submit to the Allied governments by special carrier, namely, the subjugated Austrian empire. So earnest and so sincerely sincere are these German peace feelers, and they are filled so completely with truthful expressions of love and affection and brotherly goodwill that the kaiser is led to demonstrate his peaceful methods by continuing to murder innocent women and children on the highways of the sea and bombing quiet civilian homes and firesides.

Unfortunately, however, there are indeed a few people in the United States, who still think it is utter foolishness on the part of our government and her allies to reject such an open method

to secure a lasting peace, as desired by the last peace suggestion. It no doubt is only necessary for these few people to reflect, for only a moment too, upon the magnanimous treatment accorded Russia and Roumania—after a German peace had been signed, in order to form their undebatable conclusion. And then they may have been misled by the beautiful suggestion of the kaiser that he made in a recent speech when he so graciously said: "We must extend the hand of peace and goodfellowship to our conquered enemy, and help him to live and enjoy the beneficent fruits of unhampered toil and the liberty and freedom of the earth." Really, after hearing those words, it does seem foolish and puerile to antagonize the benevolent aspirations of such a noble man and the nation he rules. Why are the "schweindund" of the uncultured world so peculiarly insistent in delaying the extension of such beneficent benevolence, such charitable charity, such unquestionable kultur and such apparent goodwill to all people on this badly misguided old globe of ours!

The able editor of The Cleveland Plain Dealer has said: "If Germany could persuade her foes to think in terms of peace, instead of terms of war, Germany would win in spite of all her losses and the overwhelming odds against her." Perhaps, after all, we should not condemn Germany too harshly because of her recent peace offer, for we are able to recall that she did succeed admirably in her effort to make her people think in terms of war—even if it did require over forty years to cultivate the German mind. Evidently, according to this editor's viewpoint, Germany is just beginning to think that the American mind is more susceptible than the German mind. And we ought to be grateful to Germany for making this peace suggestion, for we know what it would mean to us if we were compelled to suggest a peace in the same manner in which Germany is playing and bidding for a suspension of war. But were we in the same predicament as Germany, it is quite plain that she would be more arrogant and more beastly than in the past. Were she sure of victory, there would be no effort from her at peace making at this time. Foul, bloody besmirched Germany must suffer as she so unjustly willed that other nations should suffer, and must endure the things that she herself has done. As Premier Clemenceau said the other day, "We only seek peace so that future generations may be spared the abominations of the past." How happy all the peoples will be when such a peace is gained and consummated!

Judging wholly from the recognized and indisputable success of the American army and our allies, the most dangerous thing that confronts the Allied governments is the peace offensive set afloat, occasionally, by Germany. We say Germany simply because we know that

she alone is the inspiration back of every peace offensive.

The editor of *The Plain Dealer* further says: "Germany is doomed to a crushing defeat, and no member of the war party is so ignorant that he does not know it. Every intelligent German knows it. Every intelligent citizen of an entente or neutral nation knows it, and knows that Germany knows it. Let the Hun sing his song of peace and brotherhood. Let him tell his tales of sorrow, suffering, and disaster. Let him repeat as often as he wills his falsehoods about never desiring the war and all the rest of his familiar tissues of deception. Let the Hun talk all he wants to. Our answer to his peace twaddle will be more war. In the Hun's case, nothing but an unconditional surrender will suffice, and no other course of safety lies open for outraged civilization. No one will be deceived by any Hun peace drive."

"Not yours,—because, in this the nation's' need,

You stoop to bend their losses to your gain,
And do not feel the meanness of your deed:

We touch no palm defiled with such a stain."

Lord Bryce, in reply to Vice Chancellor Von Payer's recent speech, says: "This war must be prosecuted to a decisive victory. Germany has outraged, and she still threatens the entire world. She must be vanquished until she is compelled to sue for peace and until the power of the military caste which dominates her people has been so fatally discredited and destroyed as no longer to be a danger to mankind. Nothing but force will restrain those to whom might is right."

And hear again the thundering and righteous words of President Wilson—that incomparable wielder of the pen of cultured attainment and classical word efficiency—when we repeat: "Force, force to the utmost, force without stint or limit, the righteous and triumphant force which shall make right the law of the world, and cast every selfish dominion down to the dust."

"To war,—and with our brethren, then—if only this can be!

Life hangs as nothing in the scale against
dear Liberty!

Though hearts be torn asunder, for freedom we
will fight:

Our blood may seal the victory, but God will
shield the right."

And yet we, as physicians and as the most favored of all volunteers in war service, sometime have hesitated to acknowledge that duty only frowns when we flee from it, and that it invariably smiles upon us when we respond to its call. Some one has said that "Duty is a power that rises with us in the morning, and goes to bed with us in the evening," and that "The consciousness of duty performed gives us music at midnight." Another has said: "It fares best

with them that are most careful about duty and least about safety," and, "Duties are ours; events are God's," and, "He that does what he can does what he ought."

He who has well considered his duty will at once carry his conviction into action. This very commendable thing has been done by some of the members of our medical organization—they have "carried their conviction into action." They have recognized the truth of the saying, "Fame is the delicious perfume of heroic deeds." They earnestly want to be the patriots they would have their wives and friends call them. And they comprehend that any effort put forth in behalf of their country's welfare, that bears no tangible fruitage in deeds well done, deserves no recognition or reward. The physician who goes to war, sows; he who remains at home, reaps—but the reaping is not vainglorious unless deserving. To separate ourselves from our brethren is to lose standing and influence.

Statesmen of the Allied nations have called our nation the great democracy of the west. They say its leaders, President Wilson and others, have given the strongest impulse to form a league of nations after this great war. Every American knows that the peoples of all the Allied nations must supply the great motive power in such a noble project. Shall we add our mite as helpful, patriotic physicians to this commendable impulse, or shall we be found wanting on that joyful day in the essential spirit so vitally necessary to the blessed consummation of a world brotherhood of nations?

An interesting writer indited these words: "It is an infamous thing in our American life and fundamentally treacherous to our institutions, to apply to any man any test save that of his personal worth. The Government can not supply the lack in any man of the qualities which must determine in the last resort the man's success or failure. We have in our scheme of government no room for the man who does not wish to pay his way through life by what he does for himself and for his country."

"You can not shape another's mind to suit your own body;

Think not, then, to be furnishing his brains
with your special notions."

We accomplish just the thing we prepare for, and nothing else. We must fight on in this great battle for Liberty's supremacy, until the signs promise a real, lasting, endurable peace with liberty for all the oppressed peoples of the earth. How can we trust Germany with a negotiated peace when we consider what her imperial head said to his army in 1914? His authoritative command, "You will take no prisoners; you will show no mercy; you will give no quarters; you will make yourselves more frightful than the Huns under Attila," can not be overlooked by the Allies at this moment of offensive

peace proposal from the central powers. Once again, it will be proved that a boomerang does possess a retroactive force. And that, mindfully, true scholars and observing soldiers study all things, and learn betimes, to use all weapons in all armories.

The psychology of the German soul and mind becomes a highly interesting study at the present time. They seem to possess the happy faculty of always being able to give a most excellent reason for doing the thing they do. Germany occupied a portion of territory in France for four years and they had seemingly prepared the place for use for many years in the future—for they had installed all the modern conveniences. But when the time came for them to vacate—why they simply, happily and willingly retreated fully in accord with preconceived intention of four years' consideration. What the Allies do not seem to comprehend is that the kaiser, through his voluntary giving up of the territory, not only gave away thousands of his best fighters, but he also presented the victorious Allies some of his guns and a vast amount of war supplies. No wonder the German mind is able to belittle the efforts and achievements of our brave American boys!

"America, take courage! God has spoken through thee,

Irrevocable, the mighty words, make men free."

These inspiring words are also directed to you and me, not only as active, faithful, conscientious physicians but as free, grateful noblemen of the grandest and best nation on earth. Is it necessary for us to be told where the physician's place is in war time? It does seem superfluous, and, indeed, it may be somewhat dangerous to attempt to even intimate to a brother physician where he belongs in this war. Surely there is no warm, red-blooded physician in our fraternal organization who is not patriotic. There is surely not even one who would hesitate in the least to offer his best service to his country's needs. The better the physician, the more noble and self-denying is he in the interest of his country and his home. No physician should be so short-sighted as to fail to recognize that, in every war that involves his own country, he fights for the perpetuation of his own home only by fighting for his country. One can not succeed in saving his own home by fighting for it alone, in any war. The country will save the home, not the home the country, at such a time.

Why should a physician hesitate to give up all he has, especially, when he stops to consider the sacrifices of those who are fighting in his behalf? Why are he and his any more precious to him than those of the fireside of the fighting, patriotic soldier in the ranks? Can it be possible that the selfish man is found only in the ranks of the medical profession? No, not there,

for of all men who are engaged in useful endeavor, the real physician is the least selfish. No man in all the world is so ready and so willing to respond to the call for aid in suffering and affliction—and in many cases without hope or expectation of reward for service rendered, except the sweet consciousness of performing his duty to his fellowmen.

We are often told that the tendencies for good are in the ascendancy. We as physicians and patriots ought to become an integral part of the beneficent force of mitigated power that will surely make the world brighter and better as a place in which to live. Is there a physician in our ranks who would not fain enlist in such noble endeavor? The physician's work in war time is not foreign to or separate from the work of every good, fighting soldier, for all work is directed to but one end, namely, the winning of the war. We should join heartily in the drive on Berlin, so that the Germans will have no doubt with regard to America's aim in the war.

In all the world there is no country like ours. In no other nation is there such a close, welded amalgamation of all races, of all the different human products of every nationality in the world as that of our own God-favored Republic. And the most pleasing thing of all is that our naturalized citizens—and many men apparently just over—are numbered with our very best and foremost fighters for freedom and liberty. Shall we be shamed and humiliated by our inclination to let the other fellow fight the war? Or shall we too follow in the footsteps of General Pershing and his brave boys, across the blue waves to bleeding France—and ultimately to Berlin? What an excellent opportunity for us physicians to show to the world that we too possess the red, fighting blood of the soldier of war! What a grand opportunity for us to make a record as patriotic physician fighters, that time will never erase from the honor roll of the nation! As the boys come marching, proudly and triumphantly, homeward from the war, shall you and I be walking with them in the ranks and experiencing the same joyful feelings that issue in and well up the hearts of the returning patriots? Or shall we stand in the line of the reviewers of the marching patriots and constantly hear the deserved condemnation of the fathers, mothers, brothers, sisters, widows of the war heroes left on the burial fields of France,—in the words, "That man was a slacker?"

It is said that it is hope that paints the future fair, and that one false move may lose the game. It is also said that he who goes himself is in earnest, and he who sends is indifferent; and that the mind has its influence upon mind and no man is free from such influence only when alone. Shall anyone of us be so unjust to himself as to entertain the thought that he can win and gain only when alone?

Not one of us should desire a repetition of

scientific warfare, as this war is classed. It is true that physicians are above the average man in education and trained intelligence, and are so recognized by the public. If other citizens have determined their place in this war, surely it ought not to be at all difficult for us physicians to know our place in the battle. We must recognize our place and be bravely determined to join the ranks of real fighters. We must aid in restoring the world to peace, happiness and contentment. With joyance of heart and exuberance of spirit, let us as united physicians in this just cause and noble purpose to aid in the win-

ning of the war, join one another with linked hearts and minds and hands in this solemn declaration:

"We take with solemn thankfulness
Our burden up, nor ask it less,
And count it joy that even we
May suffer, serve, or die for thee,
Sweet Liberty."

And let us never forget that "No monuments erected to the dead can make sweet and lasting the memory of those who have not builded their own monuments in the hearts of the people."

Fractures of the Aged*

J. T. Haynes, M. D., Sandusky, Ohio

Surgeon, Ohio Soldiers' and Sailors' Home

A large number of the membership of this thriving medical society has distinct recollections of their youthful days, when among other necessary things for their correct training and development they were required to attend the good old Sabbath Schools, and there listen to the words of wisdom from their instructors. You can now easily imagine you hear that familiar old song, "Tell me the old, old story," and how they did sing it, and how often it was used, and all because the perfect knowledge of this old, old story was so essential to our future welfare and happiness, as they believed. The story to which your attention is invited at this time is certainly as old as the history of man, but time, instead of lessening the importance of a correct recognition of its demands, adds only to the necessity of a duty correctly performed and a correct appreciation of just what nature does require.

Until recently very little attention has been given to the diseases and injuries of old age. German and French physicians had given some study to conditions of old age, and many years ago monographs and small books were written upon the subject. Hippocrates made mention of some peculiarities of old age, and in 1537 Stormer wrote a work on this subject. In 1666 John Smith wrote "The Pourtraiture of Old Age," which was printed in London. Floger's book was printed in London in 1724, and in its original form with English script type is a most interesting work. Charcot delivered lectures on old age, which were published in Paris in 1866, and these were translated into English and a few lectures were added by Doctor Loomis, which were printed in book form.

Dr. I. I. Nascher of New York recognized the fact that diseases of old age required special attention, and for the past twelve years has devoted his time to this work. He has made an exhaustive study of old age and has had a great

many cases placed before him for study and research work. Dr. Nascher is called "the father of geriatrics" because he gave the first systematic lectures upon the subject and wrote the first American text book on diseases of old age. Excepting the New York Geriatric Society, there was no society, medical journal or medical school which gave any consideration to geriatrics. At present there are two medical journals which have special departments in geriatrics. Medical journals throughout the country are now giving editorial consideration to the subject, and the lay press is realizing its importance.

We have had the same feeling toward old age as have the Indians. Their old are allowed to remain outside the house and are practically starved to death because they are old, and, as they believe, useless. Physicians do not have the interest in old patients, and it is a common thing for a doctor to say a disease is "old age," and that nothing can be done for it. Until a short time ago death certificates were written "old age" as a cause of death, but this is not allowed now in the international classification of diseases. Without the brains of many old men and women, the world would not be as rich in many of our best works in literature, art, poetry and the sciences. It is not commonly known that the work of men past eighty is a great addition to our mint of knowledge. William Cullen Bryant, William E. Gladstone, Edward Everett Hale, Frank Sanborn, Joseph Choate, Dr. W. W. Keen, Dr. A. Jacobi and many others, did a great deal of their best work when past the age of eighty. The list is much longer, and those past sixty would make a very long list of famous men and women who increased in their activities as they became older.

A very learned man once said "that there is nothing new under the sun," and while I do not care to undertake to prove to you that this famous savant was either correct or wrong, I will in passing state that the things that are brought to us every day about which we had previously

*Prepared for presentation before the 1918 annual meeting of the Northwestern Ohio District Medical Society which was indefinitely postponed because of war conditions.

no knowledge, can be correctly classed as absolutely new things to us. So, for a few moments let us open the book of fractures, and also bring to light a few pages of actual personal experience which all of us have stored away in the working areas of our brains. Undoubtedly we will have added one or more new and important points to our fund of knowledge when this effort has been concluded.

An experience of more than thirty years has demonstrated to my entire satisfaction that fractures that come to the aged are certainly far more serious and important than those seen during the period of adolescence or early adult life. The question might arise, who are the aged, and at what age is man considered old? There have been so many answers to this question, which at some time will be of great interest to us all, that one naturally shrinks from even the attempt at anything conclusive, but with all respect to the distinguished writer and teacher of medicine, Dr. Osler, I will state that from the opportunity afforded me along this line, man can truthfully and correctly be said to be old when he is worn out mentally or physically, or both.

With the old person we find the powers of recuperation running at low ebb in every direction. There is the loss of animal matter in the bone structure, a loss of power and response in all muscular tissue, a lessened elasticity in the walls of the blood vessels, a changed if not weakened state in the respiratory and circulatory systems, and more or less appreciable change in the brain and cord. The person who answers to this description is already an occupant on senile territory, whether his age be forty or eighty. There is no desire to attempt to describe the many changes that take place in the soft tissues as well as the bony, when a dissolution of continuity in bony structure occurs any where in the body, but I shall aim to relate what my experience has been and what corrective methods I have adopted in the very large number of fractures which have fallen to me occurring in aged persons. For more than a quarter of a century I have been in charge of the Surgeon's work at the Ohio Soldiers' and Sailors' Home, the hospital of which institution has a capacity of more than three hundred beds, and this has certainly been a most fertile field for the type of fracture to which your attention is directed.

The treatment of fractures embodies the proper care of many more or less serious complications, such as abscess formation and degenerative changes in other organs and parts of the body, but this shall be no part of this short paper to you at this time. Before taking up any one type of fracture, permit me to state that there is one complication in the care of fractures that has never been a part of my experience; I refer to non-union. This has not been because the luetic type of man was not in the list, for I know that all of you will believe that this de-

structive disease is sometimes found even among soldiers young and old. Delayed union has been a part of the annoyance in the care of fractures of the long bones, but for some reason or other, a case of positive non-union is not on my list. Let me state in passing, for I do not care to dwell on this particular complication, a rule from which I rarely depart, is that when there is positive indication that union threatens to be unusually tardy, the dressing is changed to a permanent plaster cast, made so heavy that it can only be broken with great difficulty, and the patient is instructed to be just as active as he can, and to use the injured member in every way. Plenty of exercise and resulting friction of the fragments, together with a greatly extended use of the heavy plaster cast, has in these cases resulted in positive bony union and a fair degree of function of muscles and joints involved.

The one thing of prime importance in the care of all fractures is bony union. Without this, results must be considered incomplete. It is not with the aged alone that the surgeon has to contend with this delayed condition, for it is occasionally found in the young and apparently robust and healthy; but in these cases the explanation is nearly always due to other things than physical weakness.

Restoration of function is next in importance, and, seriously speaking, bony union without restoration of function to a useful degree at least, is in the majority of cases time and labor thrown away. A fracture which is considered of great importance in point of seriousness is the Colles. Even with the young and strong this fracture demands your closest attention, while in the aged, nothing but eternal vigilance on the part of the surgeon will give good bony union, a minimum degree of deformity and perfect function of the fingers and nearly complete at the wrist joint. Colles fractures in all feeble persons, and especially those past fifty years of age, should have daily attention until the eighth or tenth week, or longer, as the case may require. The correct splint for the first two weeks should be of the pistol type, as no other position so easily and satisfactorily retains the displaced and stubborn fracture in correct line with equal restraint. The palmer portion of this splint should not pass beyond the carpo-phalangeal articulation, as this dressing is sufficient for every need of restraint and at the same time affords the very best opportunity for the patient to give the fingers proper manipulation, all of which is never done by the patient. The removal daily of all dressings affords the surgeon opportunity to observe any vicious position of the fracture, and also administer the necessary massage and joint movements. It has been claimed by many good authorities that more lawsuits from mal-practice come from results obtained in Colles fractures than all other fractures to which man is heir.

Perhaps the most serious fracture to those who

are descending the hill of life is that of the femur at the hip joint, and by this is meant especially those that in one way or another involve the surgical neck. Sir Astley Cooper learned from his experience that when an elderly person falls to the ground and cannot arise unassisted, there is a fracture of the surgical neck, regardless of the amount of deformity present. If this individual is lifted to a chair or placed on the side of the bed, if fracture is present there is a complete inability to lift the thigh unassisted. Stimson and Scudder give one positive point differentiating between fracture and dislocation at the hip joint, viz.: place the injured person on the flood or hard bed, upon the back, and fully extend both legs. If there is fracture, the injured leg will remain fully extended after the operator's hands are removed, but if there is dislocation, immediately upon release of forced extension the injured limb at the knee joint will be more or less elevated from the bed.

In dealing with this fracture it matters little whether it be an impacted one or a positive break any where along this short shaft, the treatment is practically the same. Does bony union in a positive fracture within the capsular ligament ever result? Dr. Rheuben D. Mussey in 1854 claimed to have this result in one of his cases, and so published the fact. The surgeons of this country and abroad opposed this opinion so vigorously, that Dr. Mussey determined he would verify his conclusions if possible. A few years later his former patient died, and by consent of the relatives the upper portion of the femur was removed. The seat of fracture was sawed through and a perfect bony union found. Dr. Mussey showed this specimen in this country and abroad. I am never at all exercised with these fractures as to whether the real result is bony or fibrous. What satisfies me most is the degree of function to which the leg is restored.

In my early experience I endeavored to do everything sincerely believing that because of the large number of cases which fell to me, I would thus be enabled to discover some very satisfactory dressing. I travelled all the way from plaster Paris, the sole leather splint and the complete dorsal splint, associated with all degrees of extension, counter extension and elevation to a very much modified form of dressing which consists mainly in a constant retention of a proper position of leg and foot, with such added extension and elevation as the case may require, or rather able to endure. It must be constantly borne in mind that the life of the patient comes first. In cases of extreme age and lowered vitality, no dressing aside from a few pillows can be tolerated. If the case is a favorable one, has age and vitality in sufficient quantity, the foot of the bed is elevated six to twelve inches and a splint is fastened to the foot and leg, which is provided at the foot with a bar that extends from six to eight inches on each side;

this prevents any turning and thus enables you to maintain a correct alignment, provided the patient is kept on the back. Extension is slight, being accomplished by pulley and weight, this weight never exceeding 10 lbs., and in the majority of cases one-half this amount is all that is required. This is all there is to the treatment of the limb. Of course the general health of the patient in every respect is watched closely, especially the care of the skin over the back and pelvis. If the patient's condition continues good, these cases sometimes keep this form of treatment for four months. The sitting posture during the first two months is never advisable unless the general health of the patient requires it. All these cases have more or less shortening. The percentage of good results with union which enables the patient to again resume activity as a laborer, is large. The cases which result in absolute failure also result in the death of the patient in a few weeks. The age of the cases which have fallen to my care range from 65 to 85. This, as you know, is strictly within the senile zone. Just as my experience has taught me that only rarely do cardiac conditions contraindicate surgical procedure of the major type, so have I learned that mere extension of years is no barrier to the proper care and dressing of fractures of the neck of the femur. Give these fractures the correct treatment and your efforts will be blessed with results which will be pleasing to both the patient and yourself.

Fracture of the humerus below the head is a type of injury that is frequently seen in the aged. This injury is often complicated by a dislocation of the head of the humerus. When this dislocation is present positive surgical procedure is necessary. This condition is not always treated by all surgeons alike, but I believe that the treatment is quite universal, and that resection is the best that can be done. I know that other forms of treatment are sometimes pursued to a fairly satisfactorily result, but the burden of opinion today is in favor of resection. The fracture, uncomplicated by dislocation is the one most frequently met, and in the aged two very important features enter into the treatment and care of these cases, viz., first bony union and second a perfect retention of the functions of the elbow joint. To put up this injury by using a modified Velpeau dressing, with the fore arm and hand permanently secured to the body, is running great risk of impaired function of the elbow joint. Many lines of treatment are recommended by authority for this fracture, including the various forms of extension and fixation. One advocates a weight of sufficient size to be attached to the arm after it has been up in a right angle position. With others the extension is secured by different dressings. With the use of the X-Ray there ought to be no doubt as to how closely the dressings bring the broken ends in proper apposition, but even this is not absolute-

ly necessary, for it is not a difficult matter at all, to accurately determine by your own good, skillfully trained, experienced hands just what is the position in the case, and with properly fitted dressings this position can be easily continued. I know that according to the nature of the fracture, a little over riding may continue and become permanent, but there is nothing serious at all about this, for what difference would it make with any of us, if in the case of a broken humerus the arm should be from a quarter to a half inch short of its fellow? A favorite dressing of mine in all these uncomplicated cases has been a firm splint in which there was practically no elasticity, and which splint almost entirely encircled the upper arm throughout its entire length. The coaptation splint is certainly a most admirable form of dressing in all these cases and I have used it very satisfactorily in many. Sole leather and plaster Paris can also be used with splendid results. A splint that for years has been a great favorite with me is one made from the paper board. This board is practically as hard as wood, but under the influence of the hot bath it can be perfectly molded for any place. My custom has long been to fit this splint to the well arm, and then you obviate all the painful handling, and at the same time secure just what you need, for in 99% of the cases the arms are alike. This splint should lack at least one-half inch of entirely encircling the arm. The injured arm is first bound with a roller bandage, using only a fair degree of firmness. This is followed by rolls of thin felt bandages, putting on just enough to protect the arm from the splint. Then the already formed splint is sprung onto

the arm, and brought together firmly by many narrow adhesive strips. Bandages and splints are never especially comfortable, and the person who is so unfortunate as to need this dressing must be prepared for some uncomfortable periods. Serious interference with the circulation is easily observed in the hand, and this is the gauge in these cases. The broken arm thus secured should rest against a firm pad which is fastened to the chest wall. Some have suggested that this pad be wedge shape, but I do not know why so, for it is rare that there is enough dipping at the axilla to require this. With the pad in place, the arm with its dressings is firmly fixed to the chest, so that it cannot be shifted forward or backward. If this dressing has been properly adjusted, the arm can remain in this position indefinitely. The forearm is carried in a sling and this secured to the body to prevent injury to the broken part. It is a very simple matter for the nurse or attendant to release the forearm from the sling and permit gentle manipulation of the elbow joint. This will nearly always prevent temporary locking of this joint. It is not unusual for a dressing of this kind to be worn for weeks, provided the case was seen early and proper dressings applied before swelling disturbed. With this form of dressing all weights and other forms of extension are worse than useless, for once the bone is properly placed there is but very little opportunity for any displacement to occur. I want to add that care must be exercised in the use of the adhesive strip, for with old persons the skin is so impoverished that it will not endure direct contact for any length of time without unpleasant complications.

New and Non-Official Remedies

Typhoid Mixed Vaccine (Typho-Bacterin Mixed).—A vaccine made from killed alpha and beta *Bacillus paratyphosus* and *Bacillus typhosus*. The vaccine is used for the immunization against typhoid fevers and in the treatment of mixed infections of the typhoid bacillus and the paratyphoid bacilli. Marketed in different sized containers, containing 250 million alpha and beta *Bacillus paratyphosus* and 1,000 million *Bacillus typhosus* in 1 Cc., and 500 million alpha and beta *Bacillus paratyphosus* and 1,000 million *Bacillus typhosus* in 1 Cc. Eli Lilly and Company, Indianapolis.

Bulgarian Bacillus Tablets-Mulford.—Tablets containing a practically pure culture of *Bacillus bulgaricus*. Used in the prevention and treatment of conditions due to intestinal putrefaction. Marketed in vials containing fifty tablets. An expiration date is stamped on the label. H. K. Mulford Company, Philadelphia (Jour. A. M. A., March 2, 1918, p. 623.)

Arsenobenzol (Dermatologic Research Laboratories)

1 Gm. Ampules.—Each ampule contains 1 Gm. arsenobenzol (Dermatologic Research Laboratories), a brand of arsephenamine complying with the New and Nonofficial Remedies standards. These ampules are prepared for use in hospitals in divided doses. Dermatological Research Laboratories, Philadelphia Polytechnic, Philadelphia.

Procaine-Abbott.—A brand of procaine complying with the New and Nonofficial Remedies standards. Procaine was first introduced as "novocaine." Chemically it is the monohydrochlorid of para-aminobenzoyldiethyl-amino-ethanol. It is used as a local anesthetic as a substitute for cocaine. The Abbott Laboratories.—(Jour. A. M. A., March 16, 1918, p. 779).

Typhoid Vaccine, Prophylactic.—A vaccine made from killed *Bacillus typhosus*. The vaccine is used for the prevention of typhoid fever, for which purpose typhoid vaccines are of recognized utility. Marketed in different sized containers, containing 500 million and 1,000 million killed *Bacillus typhosus* in 1 Cc. Eli Lilly and Company, Indianapolis.

OHIO HOSPITAL NOTES

Mr. Fred S. Bunn, superintendent of Youngstown City Hospital, died November 3 from influenza. Stricken with the disease after working incessantly for days to combat the epidemic, he sacrificed his own life for the community in which he lived. His record is one of years of devoted and untiring ministry to the sick.

In the death of Mr. Bunn Youngstown loses one of its most distinguished and useful citizens, and state and national hospital organizations lose an active worker. For sixteen years he was associated with the Youngstown hospital, about half of that time in the capacity of superintendent. During this time he has supervised the erection of the new Stambaugh home for nurses, the new Tod wing of the hospital, the new surgical pavilion and pathological laboratory and has guided the development of the institution until it now ranks as one of the best in the country.

As an expert on hospital problems, as well as an experienced administrator, Mr. Bunn's reputation has gone far beyond the city which was fortunate enough to claim his services. He has filled the position of president of the Ohio Hospital Association, being succeeded in that position by Dr. A. R. Warner of Cleveland only last May, and for years has been one of the active workers in the American Hospital Association.

—Seventy-four patients were admitted to Mansfield General Hospital during September and cared for in 697 nursing days at a per capita cost of \$3.52. Six operations were performed and eight births occurred.

—Work on the remodeling of a Greenville residence for hospital purposes is well under way and it is expected the building will be ready for occupation by January 1.

—The October report of the bureau of tuberculosis hospital admissions and discharges, State Department of Health, from October 1 to 30, shows that 96 patients were admitted and 132 patients were discharged. The 228 notifications involved 203 individuals.

—Dr. A. W. Montague, receiving physician at

Cincinnati General Hospital, has resigned. Superintendent List plans to leave the position vacant for the present and to divide the service among internes at the hospital. Dr. Montague has resumed his former practice at Fort Worth, Texas.

—Bellefontaine City Council has authorized the issuance of bonds to the amount of \$20,000 for the purpose of furnishing and equipping the new Mary Rutan Hospital.

—The War Industries Board, Washington, has been notified that Youngstown is equipped to provide for wounded soldiers in excess of 500, and that this number can be substantially enlarged by the erection of hospitals using Truscon steel units.

—Dr. R. E. Bushong, for eight years assistant superintendent of the Athens State Hospital, has been appointed acting superintendent of the Dayton State Hospital to fill the place of Dr. E. A. Baber, who has been granted an indefinite leave of absence to enter military service. Dr. Bushong assumed his new duties November 16.

—Miss Frances Hazel Peabody, daughter of Dr. and Mrs. G. F. Peabody, Pemberville, died at Flower Hospital, Toledo, November 8, from influenza contracted while caring for patients afflicted with the disease. Miss Peabody attended school at Ohio Wesleyan University and Toledo University and was a member of the 1918 nurses' training class at Flower Hospital. Since her graduation she has been surgical supervisor of operating rooms at the hospital.

—After a conference at Fostoria, October 29, county commissioners of Crawford, Hancock, Seneca and Wood Counties voted unanimously against a union for hospital purposes with Lima district tuberculosis hospital. A meeting will be held on March 18 to further consider the plan of organizing a four-county district to include these counties.

—Otis Hospital, Celina, operated by Dr. Lloyd M. Otis, has been closed pending his return from military service. Dr. Otis reported for duty at Fort Oglethorpe in early November.

—On November 3 citizens of Circleville repealed, by referendum vote, the ordinance which was passed two years ago, authorizing the issuance of \$35,000 worth of bonds for the purchase of real estate and the erection thereon of a municipal hospital.

Unless the Medical Profession of Ohio is on its Guard During the Months Immediately Ahead of Us, Prepared to Exert its Maximum Influence Through an Adequate Organization, the Results will be Disastrous.

State Health Insurance Commission in Preliminary Report Holds That Adequate Medical Service, Properly Remunerated, is Prime Necessity.

Adequate assurance that efficient medical service is the most important factor under compulsory state health insurance and that such service can only be secured through a plan of proper remuneration for the physicians who render the service, is given in the preliminary statement issued by the Ohio Health and Old Age Commission, which for several months has been investigating the Ohio situation with a view of recommending legislation providing for sickness prevention, health insurance, and old age pensions.

The commission has issued this preliminary statement as a basis for discussion in the public hearings which it plans to hold throughout the state for the purpose of collecting further information and to secure comment and criticism by interested groups.

The report has been given very careful consideration by the special committee appointed by President Smith to represent the Ohio State Medical Association in the work of the commission. This committee is composed of Dr. W. H. Snyder of Toledo, Dr. O. P. Geier of Cincinnati, and Dr. G. E. Robbins of Chillicothe. Executive Secretary Sheridan, who is keeping in close touch with the work of the commission in Columbus, will notify local medical societies in advance of the hearings in various cities so that any physician interested may have an opportunity to attend same. Director John A. Lapp, who is conducting the Ohio survey, is particularly anxious to have a full discussion of the medical problems.

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While the policy of the commission has not been definitely announced, it is understood that no serious attempt will be made to enact compulsory state health insurance legislation during the session of the Ohio general assembly which convenes next month. Instead, the commission will recommend to the legislature that it broadly extend the powers of the state department of health in preventing disease and that it provide an efficient system of physical supervision of school children for the entire state.

Members of the commission feel that Ohio is not quite ready for compulsory state health insurance and that these important prevention measures should be enacted in advance of such legislation. It is very clear, however, that the commission is practically unanimous in favor of compulsory health insurance and that a real campaign to enact such legislation will be inaugurated in Ohio in the near future. For this reason that portion of the commission's report which deals with medical attention under state health insurance is worth careful consideration by the profession.

Preliminary to these discussions, the report calls attention to the vital statistics of the state, particularly with reference to the extent of communicable and preventable disease. Considerable space is devoted to an analysis of the draft statistics covering physical examinations.

It is pointed out that through present agencies which offer various forms of health insurance—commercial insurance companies, fraternal orders, labor unions and establishment funds—only twenty per cent. of Ohio working men are covered and that only a small proportion of these receive free medical care. The commission is investigating to determine whether or not these existing agencies meet the need.

As to the need of universal health insurance the statement holds that it must be gauged by two tests: first, whether it will lessen poverty and destitution, and second, whether it will lessen disease and promote health. On this point the report comments:

"If it does either one of these effectively, it is a strong social measure. If it does both, its supreme value cannot be doubted. If it does neither, it cannot be said to be a worthy social function."

* * *

That part of the commission's report which is devoted to an analysis of medical service is as follows:

"All systems of social insurance in force abroad, and all proposals for health insurance in this country provide medical benefits as a part of the insurance. A small payment in cash is made to cover the worker's loss of wages and medical care is given to restore him to health. In general, the medical care, in most cases, is the larger item of expense. The burden which medical care entails is always much more serious than the actual loss of wages and in many cases it is many times greater. If a man does not accept medical service as a charity, he finds the cost so great that he is likely to go without and allow serious maladies to develop, or he is at least likely to secure the minimum of medical care with resulting detriment to his future welfare. He may, in lieu of medical service, moreover, turn to self-medication which results either in useless expenditure of money, or the possible formation of drug habits, which prove disastrous. Moreover, the person without proper medical care is, in many forms of sickness, a positive menace to the community as a spreader and carrier of disease.

"From the standpoint of social insurance, it is essential that adequate medical service be provided in order that the drain upon the funds may be stopped at the earliest possible moment. A sickness which may be arrested in a day or

two may, if neglected, end in complications which would keep the person on the insurance fund for months.

"Good business principle, would therefore, provide for complete treatment of even minor ailments in order to prevent later excessive charges. At present, in the State of Ohio there is, in most cases, no medical service connected with any of the insurance funds. A few of the establishment funds and industries provide emergency treatment which is highly preventative in character.

"If it is deemed advisable to organize a plan of state health insurance, then, it becomes necessary to give the most painstaking attention to the organization of medical care, including the care by physicians, nurses and dentists, hospital treatment when necessary, and the supply of all of the medicine and drugs which may be needed in the care of the patient.

"There are many methods suggested for organizing medical service under a health insurance plan. One plan is known as the panel system, by which all of the physicians who desire to practice under the health insurance act enroll themselves on a panel of doctors who may be called upon for sickness. When an insured man is taken sick he has the right to call any doctor whose name appears on the panel. Presumably, in such cases he will select his own family physician. The bill for the services would be rendered by the doctor to the insurance carrier instead of the patient himself. Another plan would be to have each insurance carrier employ physicians to take care of the cases which arise. The patient would, in such case, be required to receive medical care from the doctor employed by the insurance carrier.

"Another plan would be to allow the patient to select his own physician, whether he was on the panel or not.

"The principal problem is as to the method of compensation for the physician's work. He may be employed on salary or he may receive so much per visit, or the doctors may receive together so much per member and divided on the basis of visits, or a combination of these two methods may be made.

"There would also be the necessity of providing for the services of specialists in cases requiring special attention, whose compensation would necessarily be fixed on an equitable basis. Hospital service would also be available.

"To prevent malingering on the part of the patient, it is generally suggested that a referee doctor or board of doctors be provided for the purpose of determining when a person shall receive benefits and when these benefits should cease.

"It has been suggested also that the district boards and the state board which supervises the whole plan, should have ample representation of medical men, and furthermore, that the whole organization should be coupled up with the state

and local departments of health in order that the greatest amount of preventive work might be worked out cooperatively.

"The Commission recognizes the very great importance of an efficient medical service under health insurance which should be remunerative to the medical profession, promotive of the best professional practices, and to the highest preventive character. It is believed that with the cooperation of physicians of the state a practicable and efficient plan can be evolved if the deliberations of the Commission prove that step to be advisable.

* * *

After the above discussion of medical phases, the report devotes considerable attention to the various plans for distributing the cost of health insurance under any plan that might be devised for this state. In all countries this cost is borne in various proportions by the employe, employer, and the state. The proposals thus far made in this country apportion forty per cent. to the employer, forty per cent. to the employe, and twenty per cent. to the state. The Ohio commission offers the suggestion that the state should be charged with the cost of insurance covering preventable diseases such as tuberculosis, typhoid, smallpox, diphtheria, etc., for the reason that the spread of such disease is chargeable largely to the laxity of the community. It is held that if the state is forced to bear the cost of such sickness, it will be more active in its efforts to prevent these diseases.

* * *

In concluding that portion of its preliminary report dealing with compulsory health insurance, the commission states in the following general terms the problems which it must solve in order to arrive at a definite conclusion as to whether compulsory health insurance is necessary and desirable in Ohio:

- I. Does the extent and social effect of sickness warrant a statewide plan of health insurance under state auspices?
- II. Can existing agencies be expected to measurably meet the needs?
- III. What is the extent of poverty caused directly by sickness and what will be the effect of health insurance in preventing new accessions to poverty?
- IV. What will be the direct effect of health insurance which provides ample medical care, on the sickness rate and especially upon the severity rate of sickness?
- V. What provisions can be adopted to make the health insurance system a direct preventative measure?
- VI. Is it practicable to extend the system compulsorily to casual laborers and to the unemployed, or will it be advisable to restrict it to employed persons?
- VII. Should compulsory health insurance be limited to employes in establishments

having more than five employes as is the case with the workmen's compensation act, or should it be extended to all employes? Should it apply to those having less than a certain salary or to all persons regardless of salary?

VIII. Is it practicable to include farm laborers and domestic help or will the fact of their isolated employment make the administrative difficulties too great?

IX. What should be the amount of cash benefits paid in proportion to the wages of the worker?

X. Should an injured person be allowed to carry other health insurance which would make his weekly benefit greater than his weekly wage?

XI. Should the payment of benefits be limited to the first 26 weeks of disability or should it be continued as long as disability lasts?

XII. What proportion of the expense of health insurance is justly chargeable to

The employer,

The employe,

The state.

XIII. Would it be better to let the state insure all its citizens against certain diseases such as tuberculosis, typhoid, smallpox, etc., as its part of the burden instead of paying a proportion of the whole insurance fund?

XIV. What encouragements can be given to employers who provide for the health protection of employes and for emergency medical care in the way of reduced premiums or greater benefits to their employes?

XV. What provisions can be made to prevent insured persons from continuing practices directly detrimental to their health, such as intoxication, the drug habit, etc.?

XVI. What is the relationship between health insurance and a maximum wage and standard of living. Between health insurance and housing?

XVII. The following benefits have been suggested:

1. Cash benefits (weekly payments).
2. Medical care of insured.
3. Medical care of dependents of insured.
4. Dental care.
5. Maternity benefits for insured women and wives of insured men.
6. Burial benefits for insured and dependents.

What is the minimum which should be expected?

XVIII. How can medical service to the insured by physicians, hospitals, dentists, nurses, be best organized to promote the best interests of those who are sick and the

best interests of the various professions and of the people generally?

XIX. What method of payment for medical care will bring the best results to all concerned?

XX. Should the insurance be carried in a state fund or in approved carriers such as fraternal, labor unions, establishment funds, etc.?

CALIFORNIA OPPOSES

California, in the recent general elections, by a large vote rejected the proposal to amend the state constitution so that compulsory state health insurance laws might be enacted. It is the first time the voters in any American state have passed on the proposal.

New Medical Teachers at Cincinnati

Additions to the teaching staff of the medical department of the University of Cincinnati were made recently when Professor Dennis E. Jackson of Washington University, St. Louis, and Professor Albert Prescott Mathews of the University of Chicago were appointed respectively to the chairs of pharmacology and bi-chemistry.

Prof. Jackson is a graduate of Indiana University, where he served as assistant professor for five years. Later he became associate professor at Rush Medical College, Chicago. He became a teacher at Washington University in 1910, and was appointed by the government as special expert in the hygienic laboratory of the Public Health Service in Washington a year ago.

Prof. Jackson is associate editor of the Journal of Laboratory and Clinical Medicine and a member of the American Medical Association, American Physiological Society, American Pharmacological Society and the Society for Experimental Biology and Medicine.

Prof. Mathews was graduated from the Massachusetts Institute of Technology in 1892. He continued his studies in England, Naples and Marburg, Germany. He has held professorships in his alma mater, Columbia University, Harvard and University of Chicago. He has received recognition for original research work in parthenogenesis, upon the nature of nerve impulse in pharmacology and chemical biology. His contributions in medical journals to the science of bio-chemistry have won for him high honors.

When the position was tendered Prof. Mathews he was a captain in the Ordinance Department at Washington. The government released him when authorities decided his services were needed at the University of Cincinnati.

A CORRECTION

In the October issue of this Journal a typographical error occurred in the page advertisement of the Fleischmann Co., the word Compressed being changed to Compressor. We are pleased to make this correction here, in justice to the advertiser.

OHIO PUBLIC HEALTH NOTES

—Mr. Frank A. Preston of the Federal Board for Vocational Education, visited several Ohio cities in late October for the purpose of taking up with disabled soldiers and sailors the matter of their re-education vocationally. He said the government will send returned soldiers and sailors to carefully selected shops and schools and pay for such training and instruction as is necessary to make them fully self-dependent and equal competitors with men not physically disabled.

—At Elyria, October 26, there were nineteen houses under quarantine on account of smallpox, and the total number of cases in the city was twenty-six.

—Drs. J. F. Baldwin, T. W. Rankin, Yeatman Wardlow, J. A. Stout, J. J. Coons, J. H. J. Upham and I. B. Harris were members of a special committee appointed by the Columbus Academy of Medicine in October to co-operate with the local health department in handling the influenza situation.

—Miss Olive Beason, director of the Division of Public Health Nursing of the Akron health department, has submitted an interesting report on the work of Akron open-air schools. The report covers the period from September 9, 1917, to June 7, 1918, and indicates that 107 children were enrolled during that time, an average monthly attendance of 52 pupils. The work was so successful that at the beginning of the September semester, four additional open-air rooms were opened, making at present three schools each having two open-window rooms with total accommodations for 180 children. The Board of Education and the Board of Health are co-operating in this work and plans are under way for enlargement of the schools to accommodate 1,000 children.

—Seven hundred and seventy cases of typhoid were reported to the State Department of Health during September, an increase of more than 300 over the previous month's total. As a result of an educational campaign undertaken by the department in an effort to reduce the prevalence of typhoid in the state, monthly totals for a large part of the year have been below those of 1917, but serious local outbreaks in several communities interfered with the decrease in the late summer.

—Results of experiments in the state of New York, showing that a large percentage of insanity is caused by dental defects, has caused Dr. Edward Reinert of the State Board of Administration to send for complete data, that he may make a full report of the work to the next legislature and at the same time ask for an appropriation that will enable Ohio to employ experts to

make investigations along the same line. Dr. Reinert says that a recent examination of the teeth of a number of state wards leads him to believe that necessary dental attention would bring about speedy improvement in the mental condition of many state patients.

—Four temporary appointments to fill vacancies created by district physicians entering the Army have been announced by the Columbus Board of Health. Dr. Robert Cooke succeeds Dr. M. D. Godfrey, now at Fort Oglethorpe; Dr. K. H. Yertzian succeeds Dr. J. W. Brobst, also at Fort Oglethorpe; Dr. C. E. Pfeifer succeeds Dr. H. A. Minthorn, now at a naval hospital in Boston, and Dr. J. H. Hanes succeeds Dr. H. Y. Masefield who is assisting in public health work in Boston.

—The Cincinnati Board of Health recently announced two changes in the personnel of the health department. Dr. Oscar M. Craven has been appointed assistant health officer at a salary of \$2,500 a year. He was formerly city physician in the Hyde Park district. Dr. Fletcher Langdon has been appointed bacteriologist, succeeding Dr. Philip H. Dorger, resigned to enter active military service.

—The annual meeting of the American Public Health Association which was to have been held in Chicago, October 14-17, was postponed until December 9-12 because of the influenza epidemic.

—Dr. D. F. Banker has been appointed a member of the Canton Board of Health during the absence of Dr. L. E. Leavenworth in military service.

—The first scoring of Ashtabula restaurants and other eating places by the city health department under a new inspection ordinance resulted in scores ranging from 57 to 96 per cent. A score of 70 is required for a city license. The scores were published in local newspapers.

—Dr. Charles A. La Mont has succeeded Dr. F. M. Sayre as health officer of Canton. The former incumbent is in the service of the U. S. Navy.

—The water companies of Ashtabula and Conneaut recently made an agreement by which they will jointly hire a technically trained expert to supervise their filtration plants. These were the two largest filter plants in the state operated without expert supervision. Fourteen smaller plants are still without proper supervision, although the state department of health is endeavoring to place trained men in charge of each. Only seven of the 16 privately owned filter plants in Ohio are under expert control. Of the 32 municipally owned plants, only seven are without such control. Of the 12 water disinfection plants operating in Ohio, four have no laboratory control. In a city served by one of these plants, a recent typhoid epidemic of 44 cases was partially traced to insufficient chemical treatment of the water—a deficiency which would immediately have been detected and remedied had analytical facilities been available.

Akron Charter on Health

Under the provisions of a new city charter adopted by the voters of Akron, November 5, the health department of that city becomes a major division of the city administration, independent of all other branches. The new charter provides for a health commission of five members, two of whom are to be physicians, appointed by the chief administrator. A director of health is to be named by the health commission.

Provision for a sound financial basis of health work is made in a clause whereby council must make an annual appropriation of not less than fifty cents per capita, the number of inhabitants to be estimated at five times the number of children of school age, as enumerated in the school census.

Health department duties enumerated in the charter are: Protection of the city from disease and insanitary conditions, enforcement of medical inspection and compulsory corrective measures among school children and other health activities.

Tribute to John Landis

The Ohio Public Health Journal, published by the State Department of Health, pays high tribute editorially to the late Dr. Landis:

"As to John H. Landis, the man, this publication can add no word to the outburst of tributes which followed his recent death; we can merely echo what so many of his friends and fellow-citizens of Cincinnati have said. As to John H. Landis, the health officer, we desire to express, as the official organ of the state in the field to which he gave such valuable years of service, Ohio's deep sense of loss in his death.

"Dr. Landis represented the earnest, progressive, constructive type of public health worker to which all cities and all states might well wish their servants in this field to conform. A leader in his own community, builder of a municipal health administrative structure which will survive through the years, he was not content to let his influence be limited by the bounds of the city. In the state and national councils of his profession as well, his voice was to be heard, leading on toward greater achievements.

"As health officer of Cincinnati, he did much for his city. No less, however, was he a servant of his state and his country. His personal influence was always on the side of public health progress, whether in city, state or nation, and the organization which he built up in Cincinnati has served as the model for much valuable work in other cities.

"As in the death of every other great man, there is in Dr. Landis' death, to balance in some measure the feeling of loss which we feel, the compensating effect of our gratitude that such a man has lived and worked among us."

Illustrates Dangers of Impure Water

A recent typhoid outbreak of 44 cases in a southwestern Ohio city has been used as a text by the State Department of Health to emphasize the danger in an impure water supply.

A study of the epidemic in question and analysis of samples of the city water proved that the infection had been contracted from contaminated water, despite the fact that the water was supposedly made safe by disinfection. Analysis of the bleaching powder used as a means of providing chlorine for disinfection showed the substance to be of only one-fifth normal strength, although its quality had been guaranteed by the manufacturer.

The unsatisfactory disinfection of the water was therefore accidental. The health department declared, however, that a similar accident might occur in any city which used water of such poor quality as to require disinfection and which does not have its purification plant in charge of a chemist, who could detect inferior chemicals.

The recommendation made by the health department in this epidemic was that the unsafe water supply be abandoned as soon as possible and that in the meantime a disinfection plant using liquid chlorine instead of bleaching powder be installed for temporary use.

New Antitoxin Plan of State

The new plan of distributing diphtheria antitoxin, recently adopted by the State Health Department, is proving satisfactory.

The chief points of difference from the former system are that prices are now lower than before for general distribution, that the same prices apply to purchases for indigents as to purchases for other persons and that any druggist, instead of only those who are laboratory distributors for the State Department of Health, may carry a stock of antitoxin.

Antitoxin is being distributed under a new contract with the H. K. Mulford Company, manufacturing chemists, Philadelphia, who will sell antitoxin outright to any druggist who wishes to carry a supply on hand. Every druggist has been solicited by the Mulford salesmen and given an opportunity to participate in the plan. The distributing stations, to which antitoxin stocks have heretofore been limited, in most cases number only one to the community.

The new price schedule is as follows: 1,000 units, 75 cents; 5,000 units, \$3; 10,000 units, \$5. This is lower than the former rate of general distribution, but is higher than the rate formerly quoted for indigent cases supplied at public expense.

By regulations of the State Department of Health, no antitoxin other than that manufactured by the Mulford Company may be sold in Ohio. The Department takes no part in the distribution of the antitoxin, this being left entirely to the manufacturer.

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Legislature Should Take Some Action This Winter to Settle the Optometry Tangle

The status of practice in Ohio by opticians—who in recent years have adopted the higher sounding term optometrists—is still vague. The attorney general of Ohio, representing the Ohio State Board of Medical Registration, has discontinued his fight against the injunction which the optometrists secured two years ago, and which prevents the State Medical Board from granting them licenses under the Platt-Ellis Law.

The practical effect of this action is that no provision is now open for the registration or licensure of opticians or optometrists. A brief review of the legislative situation is necessary to understand their status.

In 1915, when the Platt-Ellis Law was proposed, many of the leading optometrists in the state—and practically all of those who have been working to place optometry on a better scientific footing—agreed to a provision for the registration of optometrists under this bill. This would have permitted the licensure under exemption clauses of those optometrists now in practice, and would have made possible fairly decent standards for the protection of optometry in the future. Their leaders felt that the State Medical Board would deal squarely with them and they participated in the drafting of the Platt-Ellis measure. This was introduced in the House and was passed unanimously with the following clause:

"The state medical board shall also examine and register persons desiring to practice any limited branch or branches of medicine or surgery, and shall establish rules and regulations governing such limited practice. Such limited branches of medicine and surgery shall include chiropractic, naprapathy, spondylotherapy, mechano-therapy, neuropathy, electro-therapy, hydro-therapy, suggestive-therapy, psycho-therapy, magnetic healing, chiropody, Swedish movements, massage, optometry, and such other branches of medicine and surgery as the same are defined in section 1286 of the General Code that may now or hereafter exist, except midwifery and osteopathy."

In the interim, between action by the House and Senate, the national legislative lobbyists of the Optical Association rushed to Columbus and summoned a hurried conference of the rank and file and convinced these more obscure members that they had been "betrayed" by their leaders, and that this agreement "delivered optometry to the medical trust." The national lobbyists won their point and when the bill came before the Senate it was amended. Inasmuch as it was desired by all concerned to secure prompt passage of the main proposal, no serious attempt was made to oppose the amendment, particularly after it had been scrutinized by proponents of the measure.

This amendment was hurriedly drawn and merely removed from the paragraph the word

"optometry." It left in the controlling clause, "and such other branches of medicine and surgery as the same are defined in Section 1286 of the General Code that may now or hereafter exist." It was held by competent legal authority that this clause would cover optometry without a specific reference to the word, as few people seriously doubt that optometry as practiced in Ohio is other than a minor branch of medicine and surgery.

Accepting this opinion, about one hundred of the leading optometrists promptly applied to the State Medical Board for licensure under the Platt-Ellis Law. A group of legislative optometrists, with equal promptness, secured an injunction in Franklin County Common Pleas Court, restraining the board from granting such licenses. There the case has hung for over two years, the attorney general feeling that it would be impossible to technically prove in court that optometrists were included in this specific legislative proposal.

* * *

Meantime, the Optical Association, which for years has been exceedingly active in a legislative way, has been sparing no effort to secure legislation and recognition of some sort. Their chief desire is an act creating a special board of optometrists with powers to license and regulate the practice of optometry, separate and apart from any connection with the State Board of Medical Registration. Optical boards of this kind have been appointed in a majority of the states—in fact, Ohio is one of the very few that has persistently defeated this legislation.

Another group feels that the whole policy of the state of Ohio is opposed to the creation of these separate boards and that the best interests of optometry would be conserved by placing the licensure under the State Medical Board, which in turn, would delegate it to a committee of optometrists. This could be done very easily by amending the Medical Practice Act to conform with the original Platt-Ellis bill.

The group in favor of a separate board seems to dominate the association, however. Recently they took a very active part in the political campaign and endeavored to secure a legislature favorable to their proposal. Now comes the announcement that their state association has employed E. E. Arrington of New York City, former secretary of the American Optical Association, as chief legislative lobbyist. Mr. Arrington will be in charge of the legislative fight this winter for the optometrists. He, by the way, is the man who directed the fight in 1915 and broke the agreement between the optometrists and the proponents of the Platt-Ellis Law.

* * *

The attitude of the legislature on this problem

will be exceedingly interesting. Students of governmental problems feel that the continued multiplication of state boards is wasteful and foolish. We do not believe that the optometrists can impose this plan upon the state of Ohio.

On the other hand, we fully agree with them that some legislation should be enacted, protecting the public against the worst of their crooks. Undoubtedly the fly-by-night optician is a menace to

the public, and so long as no laws restrain him he will continue to operate in Ohio. We take this opportunity of warning the optometrists—many of whom are thoroughly honest and seem to be inspired by a desire to raise professional standards—that the state is very likely to consider this problem from the broad viewpoint of public good rather than from the personal and selfish interests of the political optometrists.

Do You Know the Men who will Represent Your County in the Senate and House at the Next Session of the Ohio Legislature?

We present herewith a roster of the members of the Eighty-third General Assembly which convenes in Columbus in January. These are the men who will deal with important problems pertaining to the public health, and therefore of interest to them. They will welcome your friendly advice and professional opinion on public health legislation, knowing that no class is better qualified to judge of these matters than the profession which has made the promotion of health its life work.

SENATE

1—Hamilton County: Wallace W. Bellew, R., 124 Wayne Ave., Lockland; Fred L. Emmert, R., 147 University Ave., Cincinnati; Robert J. O'Brien, R., Savoy Hotel, Cincinnati.

2-4—Butler, Warren, Brown and Clermont Counties: John E. Holden, D., Morrow.

3—Montgomery and Preble Counties: William E. Sparks, R., 24 S. Garfield St., Dayton.

5-6—Fayette, Greene, Clinton, Highland and Ross Counties: Frank C. Parrett, R., Washington, C. H.

7—Adams, Jackson, Scioto and Pike Counties: Charles R. Patterson, R., Piketon.

8—Gallia, Lawrence, Meigs and Vinton Counties: Thomas W. Jones, R., Middleport.

9-14—Athens, Hocking, Fairfield, Washington, Morgan, part of Noble and part of Monroe Counties: M. B. Archer, R., Logan.

10—Franklin and Pickaway Counties: George D. Jones, D., Grand Theater Bldg., Columbus; E. G. Lloyd, D., Westerville.

11—Champaign, Clark and Madison Counties: T. A. Busbey, R., South Vienna.

12—Darke, Miami and Shelby Counties: H. J. Ritter, R., Tippicanoe City.

13-31—Hardin, Logan, Marion, Union, Crawford, Seneca and Wyandot Counties: James R. Hopley, R., Bucyrus; D. A. Liggitt, R., Rushsylvania.

15-16—Muskingum, Perry, Delaware and Licking Counties: William M. Miller, R., Dresden.

17-28—Morrow, Knox, Holmes and Wayne Counties: Carl V. Beebe, D., Mt. Gilead.

18-19—Coshocton, Tuscarawas, Guernsey, part of Monroe and part of Noble Counties: Oliver J. Demuth, R., New Philadelphia.

20-22—Columbiana, Harrison, Belmont and Jefferson Counties: C. A. White, R., Lisbon.

21—Carroll and Stark Counties: H. Ross Ake, R., Canton.

23—Trumbull and Mahoning Counties: Henry W. Davis, R., Youngstown.

24-26—Ashtabula, Lake, Geauga, Summit and Portage Counties: F. E. Whittemore, R., 502 Hamilton Building, Akron.

25—Cuyahoga County: Thomas M. Norris, D., 14375 Superior Rd., Cleveland Heights; C. A. Wagner, D., West Park; William Agnew, D., 4145 E. 95th St., Cleveland; Howell Wright, D., 1416 Mentor Ave., Cleveland.

27-29—Medina, Lorain, Ashland and Richland Counties: J. M. Stone, R., Oberlin.

30—Erie, Huron, Ottawa and Sandusky Counties: Thos. W. Latham, R., Monroeville.

32—Allen, Auglaize, Defiance, Mercer, Paulding, Van Wert and Williams Counties: Thomas M. Berry, D., Spencerville; George W. Holl, D., New Knoxville.

33—Hancock, Wood, Fulton, Henry and Putnam Counties: George Kryder, R., McClure.

34—Lucas County: J. W. Hackett, D., 2849 Parkwood Place, Toledo; George J. Snyder, D., 1778 Wayne Street, Toledo.

HOUSE OF REPRESENTATIVES

Adams—F. C. McCoy, R.....West Union

Allen—Jasper L. Cockrun, R.....Spencerville

Ashland—Frank E. Baker, D.....Ashland

Ashtabula—W. E. Wenner, R.....Ashtabula

Athens—Henry A. Hatch, R.....Athens

Auglaize—J. C. Copeland, R.....Unioopolis

Belmont—D. Allen Bond, R.....St. Clairsville

Brown—Charles M. Gordon, D.....Georgetown

Butler—R. M. Billingslea, D.....Bethany

George Schelborn, D.....Hamilton

Carroll—John W. Gorrell, R.....Malvern

Champaign—Clyde H. Hooley, R.....Urbana, R. D. 3

Clark—Charles S. Kay, R.....Springfield

Clermont—Harry Moyer, D.....Williamsburg

Clinton—Harry McKay, R.....Wilmington

Columbiana—E. M. Crosser, R.....Lisbon

Coshocton—J. E. Foster, D.....Coshocton

Crawford—E. D. Helfrich, D.....Galion

Cuyahoga County—

Joseph S. Backowski, D.....5719 Fleet Ave., Cleveland

Norman R. Bliss, D.....White Motor Car Co., Cleveland

Tom R. Brannon, D.....1724 E. 82nd St., Cleveland

Frank Delehanty, D.....541 Lakeview Road, Cleveland

George F. Greve, D.....656 E. 117th St., Cleveland

E. J. Hopple, D.....810 Garfield Bldg., Cleveland

John J. Kilbane, D.....1304 W. 87th St., Cleveland

Joseph Lustig, D.....4700 Clark Ave., Cleveland

George S. Myers, D.....1208 B. of L. E. Bldg., Cleveland

James A. Reynolds, D.....9526 Kinsman Road, Cleveland

John C. Smith, D.....3485 E. 98th St., Cleveland

Tom Reynolds, D.....North Randall

M. J. Walsh, D.....South Newburg

Darke—George S. York, D.....Gettysburg

Defiance—B. J. Emery, R.....Defiance

Delaware—C. F. Talley, R.....Powell

Erie—Gustavus Dildine, R.....Huron, R. D.

Field—Israel M. Blauser, D.....Basil

Fayette—Harry F. Brown, R.....Washington, C. H.

Franklin County—

Francis M. Thompson, D.....8 E. Broad St., Columbus

Horace B. Madden, D.....848 Oakwood Ave., Columbus

Herbert S. Atkinson, D.....Hartman Bldg., Columbus

E. E. Denune, D.....East Linden

Fulton—C. K. Miller, R.....Fayette

Gallia—Simeon H. Bing, R.....Rio Grande

Geauga—H. H. Griswold, R.....Chardon

Greene—W. B. Bryson, R.-----Xenia, R. D. 5
Guernsey—Elza Lawyer, R.-----Birds Run
Hamilton County—
Harry T. Federman, R.-----3728 Vine St., Cincinnati
Arthur E. Jones, R.-----1300 Cutter St., Cincinnati
Edward A. Winter, R.-----1209 1st Nat. Bk. Bldg, Cincinnati
Julius Luchsinger, R.-----2035 Elm St., Cincinnati
Horace Bonser, R.-----418 Kasota St., Cincinnati
A. Lee Beaty, R.-----628 W. 7th St. Cincinnati
John B. Morris, R.-----3647 Edwards Rd., Cincinnati
Davis H. Scott, R.-----2511 Highland St., Cincinnati
Jos. R. Gardner, R.-----2002 Wayland Ave., Norwood
Hancock—Frank S. Robinson, R.-----McComb, R. D.
Hardin—C. H. Freeman, R.-----Ada
Harrison—Rupert R. Beetham, R.-----Cadiz
Henry—Thomas Mulcahy, D.-----Napoleon
Highland—John S. Faris, R.-----Hillsboro
Hocking—Charles F. Kreider, R.-----Logan, R. D.
Holmes—Albert Hastings, D.-----Holmesville
Huron—C. G. Taylor, R.-----Norwalk
Jackson—Daniel Alban, R.-----Jackson
Jefferson—Harry M. Carpenter, R.-----Steubenville
Knox—Charles G. Weaver, R.-----Mt. Vernon
Lake—Carl R. Kimball, R.-----Madison
Lawrence—W. A. Russell, R.-----Ironton
Licking—J. S. Graham, R.-----Granville, R. D.
Logan—J. H. T. Gordon, R.-----Huntsville
Lorain—W. R. Comings, R.-----Elyria
William L. Hughes, R.-----Lorain
Lucas County—
Otto W. Brach, D.-----714 Segur Ave., Toledo
Henry Evans, D.-----2701 Broadway, Toledo
William E. Enteman, D.-----201 Knapp St., Toledo
Robert B. Pugh, D.-----1721 Lagrange St., Toledo
Madison—C. C. Crabbe, R.-----London
Mahoning County—
James A. Green, R.-----Youngstown
Edward L. Donahay, R.-----Youngstown
Harry M. Dunsbaugh, R.-----Youngstown
Marion—Horace W. Cookton, R.-----Agosta
Medina—Frank L. Lytle, R.-----Wadsworth
Meigs—R. B. Carson, R.-----Middleport, R. D.
Mercer—Fred Huber, D.-----Celina, R. D.
Miami—L. A. Pearson, R.-----West Milton
Monroe—J. W. Lentz, D.-----Antioch
Montgomery County—
W. W. Stokes, D.-----Dayton
Paul M. Banker, R.-----Dayton
John E. Barnes, R.-----Dayton
Sylvester Spidel, R.-----Dayton
Morgan—Charles H. Fouts, R.-----McConnellsville
Morrow—C. W. McFarland, R.-----Mt. Gilead
Muskingum—Leonard J. Graham, R.-----New Concord
Noble—Otis D. Davis, R.-----Belle Valley
Ottawa—George Lonz, D.-----Middle Bass
Paulding—John H. Chester, R.-----Antwerp, R. D.
Perry—C. W. King, R.-----New Lexington
Pickaway—A. L. Stump, D.-----Derby
Pike—Hermay Shy, D.-----Dove P. O.
Portage—D. W. Besaw, R.-----Kent
Preble—Harry D. Silvers, R.-----Eaton
Putnam—John Cowan, D.-----Ottawa
Richland—Minor K. Johnson, D.-----Shelby
Ross—Huston T. Robins, R.-----Chillicothe
Sandusky—Roy L. Swedersky, D.-----Fremont
Scioto—George E. Matthews, R.-----Portsmouth
Seneca—F. A. Hinchey, D.-----Bettsville
Shelby—F. M. Wildermuth, D.-----Jackson Center
Stark County—
Harvey S. Cable, R.-----Canton
J. S. Miller, R.-----Alliance
Frank C. Wise, R.-----North Canton
Summit County—
Dow W. Harter, D.-----Akron
Edward H. Bishop, D.-----Akron
Trumbull—Herbert L. Jones, R.-----Girard
Tuscarawas—George Wiest, D.-----Uhrichsville
Union—Thomas R. Dodge, R.-----Marysville

Van Wert—C. M. Drury, R.-----Van Wert
Vinton—Samuel Benner, R.-----Dundas
Warren—Milton Clark, R.-----Lebanon
Washington—Warren E. Burns, R.-----Marietta
Wayne—Karl E. Hoover, D.-----Rittman
Williams—Frank L. Waterston, R.-----Dowling
Wood—Robert C. Dunn, R.-----Sycamore
Wyandot—Irwin Halstead, R.-----Upper Sandusky

A Real Campaign Against Venereal Diseases

The war has developed the first practical campaign for the control of venereal diseases. Few persons not in direct contact with this phase of the War Department's work have realized the tremendous strides that have been taken in recent months. Those who have been interested in this problem for years, and who have been appalled by the usual public indifference to the menace, feel that if the federal government will continue its work after the war, and even after demobilization, it gradually will be brought under control.

In Ohio the State Department of Health, operating through a division of which Dr. Harold N. Cole of Cleveland is chief, has rendered very effective co-operation. One of the most interesting phases of the state campaign is the issuance of thousands of posters, through which the evil is handled without gloves and the public is told in unvarnished terms of the dangers.

This poster includes a specific and pointed warning against medical quacks and the prescribing drug clerk—two factors that have contributed greatly in the past to the spread of venereal disease. On these points the statement is as follows:

"Steer clear of advertising quacks who profess to cure 'Nervous Debility,' 'Lost Manhood,' 'Blood Poison,' and 'Private Diseases of Men.' These 'specialists' are after your money. They won't help you; they are likely to hurt you. If you are well, don't let them persuade you that natural occurrences, such as night emissions, are signs of disease.

"Don't let a drug clerk treat you. He knows no more about it than you do.

"Consult a reputable physician when you need medical advice and instructions.

"If you are in doubt or trouble and want advice or instructions on any phase of sex subjects, ask the State Department of Health for aid."

This statement further warns against contraction of syphilis and gonorrhœa. It is printed on a card six by twelve inches, framed, and given very wide distribution.

When the War Department determined to take active steps to protect our soldiers against the venereal peril it adopted no halfway measures. In Columbus, for example, a War Department officer was equipped with an office and directed to see that commercial vice was immediately stamped out. Houses of prostitution and the usual forms of street solicitation disappeared within thirty days. Civilian committees, working through the War Camp Community Service, built up organiza-

tions to combat with the more obscure forms of the evil. A free clinic was opened, as in other cities, where infected men and women were forced to either undergo medical treatment or be imprisoned.

With tremendous campaigns being waged against tuberculosis, cancer and other forms of disease that kill in large numbers, there is no earthly reason why the federal government should not continue its effective work in this field.

Every doctor in the United States, should be interested in encouraging American manufacture of typically American medical products. Let us, by enthusiastic patronage of all-American manufacturers, so firmly establish the American supremacy in this field that there will never be the slightest danger of its passing back to Germany.

One typically American invention is the new wax-impregnated open-mesh lace dressing for wounds, burns, bruises, etc., which bids fair to revolutionize the present-day dressing methods.

Careful tests in large industrial hospitals show that by using this lace mesh 50% to 75% of the gauze, absorbent cotton, and roller bandages, may be saved, as well as hours of the time of surgeons and nurses, not to mention the saving of agony to the patient experienced in the removal of the old sticking, secretion stiffened pad of dressings, for this remarkable dressing DOES NOT STICK.

Just by way of introduction, The Abbott Laboratories, Chicago, Illinois, who make this Par-resined Lace-Mesh Surgical Dressing offer a special outfit containing a box of six envelopes of the Lace-Mesh, an ounce of Dakin's Dichloramine-T, and four ounces of Chlorcosane—the solvent for Dichloramine-T,—prepaid to any point in the United States for \$2.50. They include, without charge, in the shipment, a trial bottle of Chlorazene, Dakin's water-soluble, stable antiseptic, and one of Digipoten, a typically American digitalis preparation, which leaves no excuse for using the German. This package has the Abbott guarantee of purity and accuracy.

MEETING POSTPONED

Owing to the influenza epidemic the quarterly meeting of Union Medical Association of the Sixth Councilor District which was to have been held in Wooster in November was indefinitely postponed. It is probable that no meeting will be held until February, when the annual session is scheduled.

IT SHOULD BE PASSED

A bill has been introduced into the House of Representatives by Mr. Dyer providing for an increase in pay for officers of the army as follows: Colonel, \$4,500; lieutenant colonel, \$4,000; major, \$3,500; captain, \$2,900; first lieutenant, \$2,500, and second lieutenant, \$2,200.

Books Received

THE PROTEOMORPHIC THEORY AND THE NEW MEDICINE. An introduction to Proteal Therapy. By Henry Smith Williams, B. Sc., M. D., LL. D. Member National Committee for Mental Hygiene, and of the Hygiene Reference Board of the Life Extension Institute, etc. The Goodhue Company, New York.

THE SERIOUSNESS OF VENEREAL DISEASE. By Sprague Carleton, M. D., F. A. C. S. Price 50 cents. Paul B. Hoeber, New York.

MEDICAL WAR MANUAL No. 7. Military Surgery of the Zone of the Advance, by George de Tarnowsky, M. D., F. A. C. S., Surgeon to Cook County and Ravenswood Hospitals, Chicago; Major, M. C., U. S. R., American Expeditionary Force, France, 1917-1918. Lea & Febiger, Philadelphia and New York.

A MANUAL OF OTOTOLOGY. By Gorham Bacon, A. B., M. D., F. A. C. S., assisted by Truman Laurance Saunders, A. B., M. D. Seventh edition, revised and enlarged. With 204 illustrations and 2 plates. Lea & Febiger, New York and Philadelphia.

A DIABETIC MANUAL for the Mutual Use of Doctor and Patient. By Elliott P. Joslin, M. D., Assistant Professor of Medicine, Harvard Medical School; Consulting Physician, Boston City Hospital; Collaborator to the nutrition laboratory of the Carnegie Institution of Washington, in Boston; Major M. R. C. Illustrated. Price \$1.75. Lea & Febiger, New York and Philadelphia.

SYPHILIS AND PUBLIC HEALTH. By Edward B. Vedder, A. M., M. D., Lieutenant-Colonel, Medical Corps, United States Army. Published by permission of the Surgeon General, United States Army. Price \$2.25. Lea & Febiger, New York and Philadelphia.

RECLAIMING THE MAIMED. A Handbook of Physical Therapy, by R. Tait McKenzie, M. D., Major R. A. M. C., Professor of Physical Therapy, University of Pennsylvania. Illustrated. Price \$2.00. The Macmillan Company, New York.

INFECTION AND RESISTANCE. An exposition of the biological phenomena underlying the occurrence of infection and the recovery of the animal body from infectious disease. By Hans Zinsser, M. D., Professor of Bacteriology at the College of Physicians and Surgeons, Columbia University, and Bacteriologist to the Presbyterian Hospital, New York; Major, M. O. R. C., U. S. A., with a chapter on Colloids and Colloidal Reactions, by Professor Stewart W. Young, Department of Chemistry, Stanford University. Second Edition, revised. Price \$4.25. The Macmillan Company, New York.

MEDICAL SERVICE AT THE FRONT, by Lieut.-Col. John McCombe, C.A.M.C., and Capt. A. F. Menzies, M.C., C.A.M.C. Illustrated. Lea & Febiger, Philadelphia and New York. Price, \$1.25.

Will the Surgeon General Realize the Serious Situation Facing Several Rural Communities in Ohio?

We hope that the Surgeon General's department, which has handled the medical phases of the war so admirably, will appreciate in like degree the importance of several immediate peace problems. The chief of these lies in the condition of many rural communities and small towns where the medical situation will be desperate during the coming winter months unless the Surgeon General promptly returns to private practice enough practitioners to meet these community needs.

The problem is much more serious than last winter, because of the rush to the colors during the summer months. Had the war continued and the need for additional military physicians increased, it would have been necessary for some federal agency to commandeer enough city doctors to supply these districts; but, now that the war is over, this seems unnecessary and would be exceedingly difficult.

During the summer and fall this rural situation was met, at least in some measure, by the older and more or less retired practitioners arising to the emergency which was heightened by the epidemic. These older men returned to active service and worked night and day. But it must be remembered that during the fall months we were favored by unusually good weather. These older men will be absolutely helpless dur-

ing the winter, insofar as rural practice is concerned.

The State Association is making a survey of the situation and is presenting to the Surgeon General information as to where the need is most urgent. We have sent to Washington data concerning several communities where there will be suffering and needless loss of life unless the usual red tape is cut and doctors who served these localities before the war are promptly returned.

Everyone realizes that it will be necessary to retain many military physicians in service during the period of demobilization, and until the European situation is restored. Our troops must, of course, be attended until they are returned. But certainly it is not necessary to keep in service during peace times so many as were required during the fighting period. Further, the medical phase of the reconstruction period will not be nearly so important as if our men fought another year or so. Our medical services were recruited with a view of meeting the worst possible contingencies—which, happily, the collapse of the Central Powers forestalled.

We feel sure that if the Surgeon General will immediately investigate conditions in rural communities—in other states as well as in Ohio—he can find it possible to reduce his force immediately, and immediately rush home those men who are needed in sparsely settled localities.

Thanks The V. M. S. Corps

Dr. Charles F. Clark, of Columbus, chairman of the executive committee of the Volunteer Medical Service Corps, has received the following communication from Surgeon General Rupert Blue of the U. S. P. H. S. concerning the work of the organization in the recent epidemic:

"Sir: I take pleasure in informing you that the officer in charge of the measures for combating the present epidemic of influenza in New England has stated by telegram that the number of doctors who have already reported for duty are sufficient to meet the needs of the situation in those states.

"As you know, these doctors were obtained through the co-operation of your office and it is most gratifying to certify in this way to the prompt response given by your office to our requests for medical assistance. This is an instance which serves to demonstrate the value of the organization of the Volunteer Medical Service Corps in a National emergency like the present."

Officials of the Volunteer Medical Service Corps are gratified that the organization was able to meet the emergency in this way, fulfilling the purpose for which it was created, namely, to place on record and classify information as to civilian

physicians, so that a request for aid by a government department could readily be supplied.

Visual Standards Too High

The editor of the journal of The Indiana State Medical Association calls attention to the fact—commented upon frequently in Ohio—that the visual standards used by the United States Army for the acceptance of recruits for the different kinds of military service should be revised. There is no reason why the United States Army should have a higher standard of visual requirements than have been adopted and have been in regular use in the British, French and Colonial armies, and our high standard is unquestionably losing for military service many valuable soldiers on account of their slight visual defect. Nowhere is this inconsistency more manifest than in the acceptance of doctors in the Medical Reserve Corps, for many men whose vision is essentially normal with glasses could be used about as well as men who have essentially normal vision without glasses. It is rather surprising that so many doctors who perhaps for years have been able to apply themselves closely in work requiring the highest acuity of vision, have been rejected for military service solely because of defective vision,

and even when that defective vision could be brought up to normal or nearly normal with glasses. Many of these men have been very anxious to secure commissions in the Medical Reserve Corps and with a knowledge of the need of medical men it is strange that their services have not been utilized to the fullest extent. Certainly with a continuation of the war there should be a modification of the visual standards, and especially as it pertains to the acceptance of members in the Medical Reserve Corps.

Your Last Chance

If you haven't yet purchased your full quota of War Savings Stamps you are overlooking the best investment offered by Uncle Sam. Never has the physician been offered such a splendid investment—netting 4.27 with absolute safety. We are glad to say that many have bought the limit—and that Ohio is in the forefront of states.

Ohio's aggregate current cash sale of these securities from January 1 has passed \$80,000,000. Ohio is constantly increasing its gain over the states next below in amount of War Savings Stamp sales. The difference between this state and New York has materially widened as a result of October sales. The proportion is even greater when compared with sales reported by Pennsylvania and Illinois.

The quota of War Savings Stamps assigned by the Treasury Department to Ohio for 1918 is \$106,000,000, of which more than \$80,000,000 have been sold. The allotment for New York City and State is \$218,000,000 against sales of less than \$75,000,000.

About 45 Ohio counties have sold their entire year's quota, and it is expected that during December this number will be increased to 80. Plans are now under headway in the balance of the counties for a sharp, intensive drive during December, both for the collection of existing pledges and to obtain additional War Savings Stamp sales in sufficient amount to put most of them in the "Victory List."

RANK AND PAY

Answering inquiries, we again publish data concerning rank and pay of medical officers:

Lieutenant, \$2,000, plus \$432 for quarters, and approximately \$80 for heat and light.

Captain, \$2,400, plus \$576 for quarters, and approximately \$120 for heat and light.

Major, \$3,000, plus \$720 for quarters, and approximately \$160 for heat and light.

Lieutenant-Colonel, \$3,500, with extras for quarters, heat and light.

Colonel, \$4,000, with extras for quarters, heat and light.

Brigadier-General, \$6,000, with extras for quarters, heat and light.

Major-General, \$8,000, with extras for quarters, heat and light.

Free Medical Treatment

A bill has been introduced in the U. S. Senate relating to free medical treatment. It provides that any person having served in any wars in which the United States has been engaged as a belligerent, and who has been or may hereafter be honorably discharged from the army, navy, marine corps, or coast guard by muster out, resignation, or otherwise, and who may be suffering from the effects of wounds, injuries, or sickness incurred in the line of duty while in the service of the United States, shall be entitled to receive surgical and medical treatment from the medical officers of the army, navy, or public health service, whenever practicable, free of charge, in the same manner and under the same regulations as are or may hereafter be authorized to officers and enlisted persons in the military service. It also is provided that any medical officer or surgeon of the army, navy, or public health service, who shall unreasonably or capriciously refuse or neglect to grant surgical or medical attendance to the persons authorized to receive the same shall, in the discretion of the President, be dismissed from the service of the United States and shall be rendered incapable of holding any office of honor or trust under the United States.

COMMENDS OHIO'S ACTION

Commenting on the patriotic action of the Ohio State Medical Society in abandoning its 1918 meeting because of the war, and of similar action taken later by other societies, The Monthly Bulletin of The American Federation of State Medical Boards says:

"All of which is a further indication that when duty calls, the doctor is always at his place. One need but recall that over 30,000 physicians have made every sacrifice to answer the call of military duty, and when another calamity seems to imperil the welfare of the community at home, the doctor is ready with his talents and energies at home, or at some distant station, as the greatest need may require."

War Notes

—Captain Ben R. McClellan of Xenia, is in charge of a group of convalescent hospitals near Orange, New Jersey. His youngest son is attached to one of the debarkation hospitals of Long Island, as an X-Ray technician.

—Dr. J. S. Rardin, Portsmouth, has been advanced to the rank of major, and transferred from Fort Sheridan to Fort Dodge, where he is identified with the large base hospital.

—Dr. E. F. McCampbell of Columbus, dean of College of Medicine, Ohio State University, has been promoted to the rank of lieutenant-colonel in the M. R. C.

—Lieutenant Carl W. Sawyer, White Oaks, Marion, is stationed in the 154th Depot Brigade

at Camp Meade, Maryland. He writes: "I am just as enthusiastic as ever about army service, and I am very sorry indeed for the man who cannot find it possible to get into this work. I am delighted to see Ohio responding so splendidly."

—Dr. Harry G. Sloan, Cleveland, is now in France. He is connected with the staff of Base Hospital No. 4.

—Dr. D. W. Philo of Fremont, captain, M. O. R. C., has reported at Camp Greenleaf, Fort Oglethorpe, for a course of instruction. Dr. Philo is the sixth Fremont physician to answer the summons and be called into service.

—Dr. J. D. Lower, who has been stationed at Yale Laboratory, New Haven, and his son-in-law, Dr. Alfred Magness of Great Lakes Naval Training Station, recently spent leaves of absence with their families in Coshocton. Dr. Magness, whose home is in Akron, has been assigned to duty on the cruiser Galveston.

—During the absence of Dr. O. R. Kackley, lieutenant, M. O. R. C., at Camp Pike, Arkansas, his office at Pleasant City will be in charge of his father, Dr. J. A. Kackley.

—Dr. Guy H. Swan of Bellefontaine, is in charge of the department of radiology, Base Hospital No. 34, Nantes, France. Nantes, he writes, is the fifth city of France and is situated about 50 miles inward from the Bay of Biscay.

—Dr. B. L. Johnson of Kenton, has received a captain's commission in the Medical Officers' Reserve Corps and has been assigned to duty at Fort Oglethorpe. Dr. Johnson served from 1898 to 1901 in the regular army, seeing service in the Philippines, and from 1901 to 1904 was a member of the Ohio National Guard.

—Dr. Sigmund Wolf of Cincinnati, lieutenant, M. O. R. C., is on duty at the base hospital at Camp Eustis, Lee Hall, Virginia.

—Dr. E. R. Brush of Zanesville, major, M. O. R. C., is serving with United States Army Base Hospital No. 58, American Expeditionary Forces, France. Communications for Dr. Brush should be directed to Army Post Office No. 758.

—Dr. F. M. Stratton of Pioneer, reported for duty at Camp Eustis, Virginia, September 28, and sailed for France October 5.

—Dr. R. P. Albaugh of Columbus, director of the Division of Industrial Hygiene, State Department of Health, and Dr. Paul Holmes, member of the Toledo Health Commission, have been placed in charge of the New York and Philadelphia branch offices, respectively, of the New Working Conditions Service which the U. S. P. H. S. is developing under the U. S. Department of Labor. They took up this important work (in which they are associated with Dr. C. D. Selby of Toledo) in lieu of military service, inasmuch as there is great need for industrial hygienists in this field.

—Dr. J. A. Gosling of Tiffin, captain, M. O. R. C., has been transferred from the base hospi-

tal at Camp Meade, Maryland, to Madison Barracks, New York.

—Dr. G. W. McCormick, Zanesville health officer, reported for duty at Fort Oglethorpe, Ga., November 10, as a first lieutenant. During his absence Dr. Granville Warburton will act as health officer.

—Dr. A. Irving Ludlow, Seoul, Chosen, Korea, formerly of the surgical staff of Lakeside Hospital, Cleveland, has gone to Harbin, Manchuria, as a member of the American Red Cross Unit to form a hospital base for the Czecho-Slovak operating along the line of the Trans-Siberian Railway.

—Dr. James T. Lawless Jr., of Toledo, lieutenant, M. O. R. C., reported at Camp Sherman early in November. Dr. Lawless has three brothers in service in France, one of whom is Dr. Robert Lawless of Toledo.

—Dr. F. S. Van Dyke of Columbus, lieutenant, M. O. R. C., has been transferred from Fort Sill, Oklahoma, to Austin, Texas, where he is in charge of the Medical Research Laboratory, School for Military Aeronautics, at the University of Texas.

—Dr. Andre Crotti of Columbus, has been commissioned a captain in the Medical Officers' Reserve Corps, and reported last month to Camp Zachary Taylor, Kentucky.

—A letter from Dr. Harry S. Noble of St. Marys, now serving with the American Expeditionary Forces in France, states that he is pleased beyond measure with his location. Dr. Noble is in complete charge of one of the four operating rooms of Base Hospital No. 65, which is a 1400-bed institution.

—Friends of Dr. W. R. Deemer of Fremont, will be pleased to learn that he has been advanced to the rank of captain. Captain Deemer entered the service last March and is now stationed at the base hospital at Camp Humphreys, Virginia.

—Ohio men discharged from military service because of tuberculosis, notifications of which were received by the State Department of Health during October, numbered 124, making a total to date of 865. Of these 75 were referred to local public health nurses for investigation and report, and eight were visited by department nurses. Four were admitted to hospitals, making a total to date of 31 soldiers admitted to Ohio tuberculosis hospitals.

—Dr. Asa H. Syler of Sugarcreek, lieutenant, M. O. R. C., reported for duty at Camp Greenleaf, Fort Oglethorpe, November 5. During his absence Dr. Syler's practice will be cared for by Dr. Alta Weiss, formerly of Ragersville.

—The physical examining unit of the Aviation Examination Board has been organized at Cincinnati General Hospital with Dr. Fred W. Lamb, ranking as captain, as chairman. He also will conduct the eye examinations. Assisting him will be Dr. C. C. Fihe, functional tests; Drs. Wil-

liam Mithoefer and F. C. Heffner, equilibrium tests; Dr. G. A. Hinnen, ear, nose and throat; Dr. F. B. Samson, urinalysis; Dr. J. E. Greiwe, heart, and Dr. F. D. Phinney, eye assistant. Captain Isaac Saunders will conduct the mental tests.

—Dr. A. C. Musgrave of Ohio City, who holds a first lieutenant's commission in the Dental Corps, left Camp Sherman enroute for duty overseas, November 1, as a member of Base Hospital No. 113.

Orders to Ohio Physicians in Military Service

To Austin, Texas—Lieutenant F. S. Van Dyke, Columbus.

To Camp A. A. Humphreys, Virginia—Lieutenants A. J. Fox, Cincinnati; M. D. Prugh, Dayton.

To Camp Abraham Eustis, Virginia—Major L. J. Regan.

To Camp Beauregard, Louisiana—Lieutenants E. Huffer, Milford Center; E. V. Berry, Newcomerstown.

To Camp Bowie, Texas—Lieutenant-Colonel H. B. McIntyre.

To Camp Crane, Pennsylvania—Lieutenants D. W. Fellers, Bloomville; M. E. Wilson, Cincinnati; O. C. Henderson, Portland; J. K. Hamilton, Youngstown. Captains H. B. Blakey, Columbus; G. H. Irvin, Orrville; E. W. Fisher, Portage; C. L. Jones, Springfield.

To Camp Dix, New Jersey—Captain C. D. Hoy, Columbus.

To Camp Gordon, Georgia—Lieutenant H. S. Thompson, Cleveland.

To Camp Grant, Illinois—Lieutenants A. A. Stone, Cleveland; W. H. Miller, Columbus; A. E. Mills, New Boston; C. R. King, Toledo. Captain W. E. Gernhard, Cleveland.

To Camp Greene, North Carolina—Lieutenants C. V. Davis, Cleveland; J. H. Vorhes, Columbus.

To Camp Hancock, Georgia—Captains H. M. Osborne, Youngstown; H. M. Flower, Toledo.

To Camp Jackson, South Carolina—Lieutenant J. K. Hamilton, Youngstown.

To Camp McClellan, Alabama—Lieutenants H. A. Baughn, Washington C. H.; H. Silver, Middletown; R. E. Sinkey, E. F. Vetter, Toledo.

To Camp Sheridan, Alabama—Captain E. R. Brooks, Cleveland.

To Camp Sherman, Ohio—Lieutenants P. M. Spurney, Cleveland; O. G. Grady, Orrville; V. R. Turner, Newark.

To Camp Wheeler, Georgia—Lieutenants J. F. Wright, Toledo; F. W. Dixon, Youngstown.

To Camp Zachary Taylor, Kentucky—Lieutenant F. J. Gallagher, Cleveland. Captain G. W. Williard, Tiffin.

To Commanding General, Central Department—Captain E. E. Bonsteel, Warrensville.

To Dayton, Ohio—Captain P. A. Davis, Akron.
To Denver, Colorado—Captain E. A. Baker, Clyde.

To Detroit, Michigan—Lieutenant E. C. Yingling, Beavertown.

To Fort Des Moines, Iowa—Captain E. A. Murbach, Archbold.

To Fort McPherson, Georgia—Lieutenant G. C. Guthrie, Uhrichsville.

To Fort Monroe, Virginia—Captains A. P. Cole, Cincinnati; C. D. Hoy, Columbus.

To Fort Oglethorpe, Georgia—Lieutenants R. S. Reich, Cleveland; W. W. Beck, Toledo. Captains R. M. Manley, Cleveland; H. B. Dornblasser, Springfield; L. A. Brewer, Toledo.

To Hampton, Virginia—Lieutenant J. W. Caines, Cuyahoga Falls.

To Hoboken, New Jersey—Lieutenants F. H. Miketta, Cincinnati; M. E. Harrell, Woodstock.

To Hot Springs, North Carolina—Lieutenant J. F. Beerman, Toledo.

To Ithica, New York—Lieutenant F. W. Thomas, Piqua.

To Jefferson Barracks, Missouri—Captain E. M. Brown, Zanesville.

To Lakewood, New Jersey—Lieutenant J. A. Garvin, Cleveland.

To Madison Barracks, New York—Captain J. A. Gosling, Tiffin.

To Marshall, Texas—Lieutenant J. R. Finley, Dayton.

To Mineola, Long Island, New York—Lieutenant V. T. Scott, Clarksburg. Major C. P. Grover, National Military Home.

To New Haven, Connecticut—Lieutenant P. A. Murr, Galion.

To New York City—Lieutenants N. C. Mayer, Cleveland; G. F. Barnett, Painesville.

To Panama Canal—Lieutenant L. W. Gorton, Cincinnati.

To Philadelphia, Pennsylvania—Lieutenant C. B. Tanner, Columbus.

To Plattsburg Barracks, New York—Lieutenant A. E. Kiser, Cincinnati.

To Richmond, Virginia—Lieutenant F. G. Kreft, Toledo.

To Springfield, Missouri—Lieutenant B. J. Sawicki, Cleveland.

To Washington, D. C.—Lieutenant W. R. Chynoweth, Dayton.

To West Point, Kentucky—Captain H. J. Ware, Cincinnati.

Honorably discharged because of physical disability—Lieutenant A. F. Snell, Jr., Cincinnati.

Dr. Charles M. Harpster, of Toledo, on November 14 addressed the members of the General Practitioners Medical Society of Columbus, following a banquet at the Chittenden Hotel. Dr. Harpster's subject was "Review of Traumatic Surgery, with Especial Attention to Traumatic Urology."

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Prices f. o. b. Chicago.		

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pares favorably with commercial cream petrolatum.

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DEATHS IN OHIO

Benjamin F. Beane, M. D., Eclectic Medical Institute, Cincinnati, 1881; aged 67; died at his home in West Manchester, October 19. Dr. Beane was the father of Dr. Carle W. Beane who also practices in West Manchester.

Paul Willis Brown, M. D., Barnes Medical College, St. Louis, 1699; aged 47; member of the Ohio State Medical Association and Fellow of the American Medical Association; died at Springfield City Hospital, October 14, from influenza. Before coming to Springfield Dr. Brown lived in Atlas, Illinois. He is survived by his wife.

Lieutenant Guthrie Olaf Burrell, M. D., M. R. C., Ohio State University College of Medicine, Columbus, 1916; aged 26, member of the Ohio State Medical Association and Fellow of the American Medical Association; died in France in September of wounds received in action. Dr. Burrell had practiced at Dayton and Bucyrus and was a resident of the latter place at the time he enlisted in June, 1917. Surviving are his wife, who is serving as a Red Cross nurse at Camp Taylor, Kentucky, his parents and five brothers.

Felix G. Cross, M. D., Miami Medical College, Cincinnati, 1869; aged 76; died at his home in Cincinnati, October 1, from heart disease. Dr. Cross was a veteran of the Civil War and for several years surgeon at the Dayton Soldiers' Home. He was president of the Columbia Life Insurance Company at the time of his death.

George M. Curry, M. D., Medical College of Ohio, Cincinnati, 1885; aged 70; died at Deaconess Hospital, Cincinnati, October 15, following an operation. Dr. Curry's home was in Lebanon, where he had practiced for a number of years. He leaves his wife, one son and one daughter.

Todd Duncan, M. D., Northwestern University Medical School, Chicago, 1905; aged 41; member of the Ohio State Medical Association and Fellow of the American Medical Association; died at St. Vincent's Hospital, Toledo, October 24, of pneumonia, following an attack of influenza. A few days before his death Dr. Duncan received a commission in the Medical Corps of the Army and was awaiting orders of assignment. He was a nephew of Dr. James Duncan of Toledo. His parents survive, his wife having died only six months ago.

John Lindsey Graves, M. D., Cleveland College of Physicians and Surgeons, 1874; and 70; died at his home in Mt. Gilead, October 16. Dr. Graves was born at Barbadoes, in the West Indies, coming to this country while quite young. He spent the greater part of his life at Williamsport, Ohio, and moved to Mt. Gilead a year ago. He leaves his wife and two daughters.

William M. Gregory, M. D., Cleveland Homeop-



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athic Medical College, 1895; aged 62; died at his home in Berea, October 18. Dr. Gregory had practiced in Berea for the past 25 years.

Lieutenant Thomas Purley Johnston, M. D., M. R. C., Ohio State University College of Medicine, Columbus, 1910; aged 36; a member of the Ohio State Medical Association and Fellow of the American Medical Association; died in the base hospital at St. Nazaire, France, October 18, just a few days after landing in that country. Notice of Dr. Johnston's death was sent his wife by a brother officer, and at this writing the report had not been confirmed by Washington authorities. Dr. Johnston was secretary of the Morrow County Society and both the profession and the community in which he lived have sustained a heavy loss in his death. His wife and three-year-old daughter survive.

William Elmer Kiser, M. D., Eclectic Medical College, Cincinnati, 1911; aged 33; member of the Ohio State Medical Association and Fellow of the American Medical Association; died at his home in Bellaire, October 5, after a ten days' illness. Death was due to influenza followed by pneumonia. Dr. Kiser practiced in Bellaire for six years, and he will be missed as an untiring worker for the good of humanity and his profession. He was a member of his local draft board. His wife and one small son survive.

Perry Laughlin, M. D., Toledo Medical College, Toledo, 1913; aged 34; member of the Ohio State Medical Association; died at his home in Steubenville, October 24. Following his graduation Dr. Laughlin spent a year as an interne at St. Francis Hospital, Toledo, after which he began practice in Steubenville. Besides his wife, he leaves his parents and one brother, who are Dr. and Mrs. Robert Laughlin and Dr. Curtis Laughlin of Steubenville.

Lieutenant Max Marowitz, M. D., M. R. C., Chicago College of Medicine and Surgery, 1916; aged 24; died in France, September 1, from wounds received while administering first aid. Dr. Marowitz was a resident of Youngstown. He arrived in France June 15th and was transferred in August to the 17th Regiment, British Army.

George William McGavren, M. D., Eclectic Medical College, Cincinnati, 1872; Medical College of Fort Wayne, Indiana, 1877; aged 67; member of the Ohio State Medical Association; died at his home in Van Wert, October 24, from pneumonia. Immediately after his graduation Dr. McGavren entered upon the practice of medicine in Van Wert and continued to maintain offices there up to the time of his death. For the past year he has served as county representative for the Ohio Council of National Defense, Medical Section. Dr. McGavren was the son of the



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POINTS

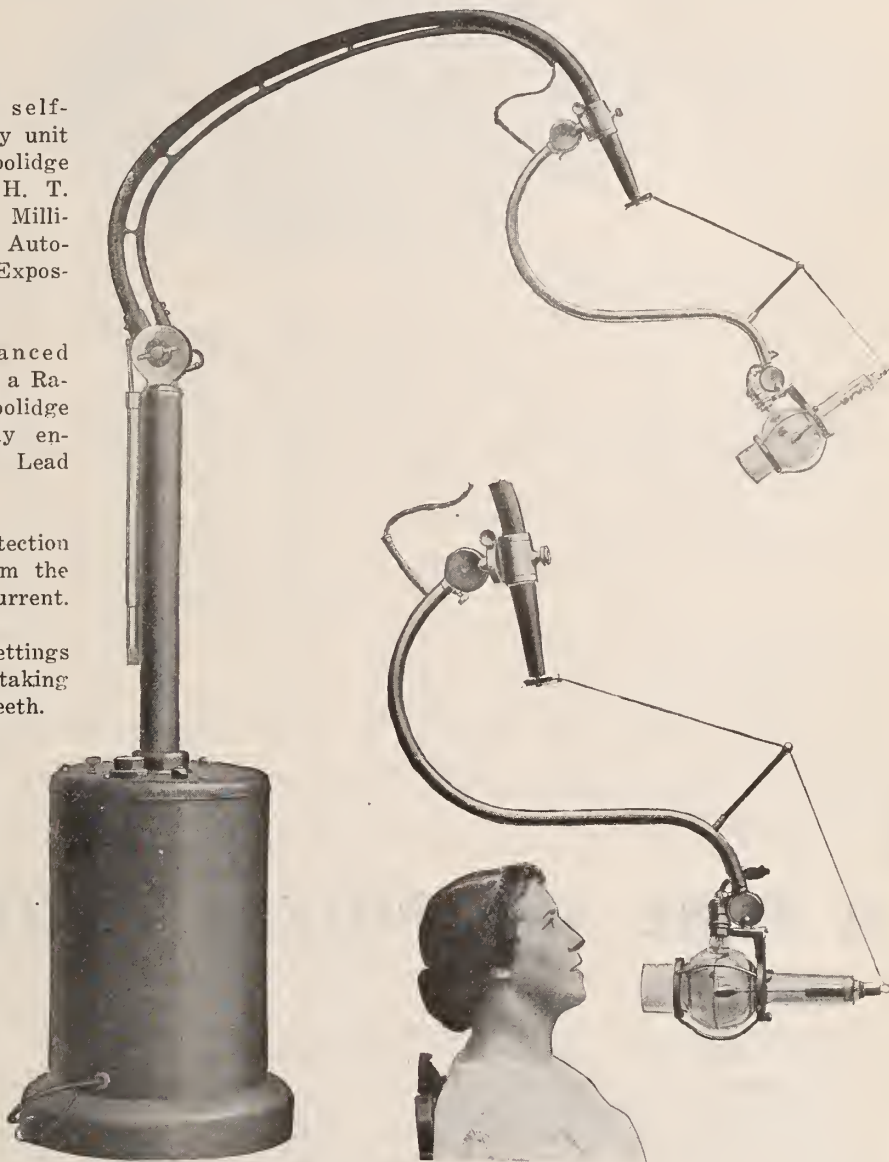
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late Dr. Hugh C. McGavren. He leaves one daughter and two sisters.

Stephen Joseph Metzger, M. D., Western Reserve University School of Medicine, Cleveland, 1910; aged 38; a former member of the Ohio State Medical Association; died at his home in Akron, November 9, 1918, from pneumonia. Dr. Metzger was coroner of Summit County at the time of his death.

Lieutenant Joseph Charles Monnier, M. D., M. R. C., Western Reserve University, Cleveland, 1917; aged 28; a resident of Cleveland; died in Washington, D. C., October 2, from pneumonia.

Edward Humble Moss, M. D., Medical College of Ohio, Cincinnati, 1900; aged 43; died at his home in Cincinnati, October 22, from pneumonia.

John H. Norman, M. D., Eclectic Medical Institute, Cincinnati, 1875; aged 66; died at his home in Blanchester, October 22, from pneumonia. His wife and two children survive.

John Ranly, M. D., Medical College of Ohio, Cincinnati, 1891; aged 42; member of the Ohio State Medical Association and Fellow of the American Academy of Ophthalmology and Otolaryngology; died at the home of his mother in Cincinnati, October 13, from pneumonia following influenza. Dr. Ranly was oculist and aurist to

St. Francis, Good Samaritan and St. Mary's Hospitals and had recently been made a member of faculty of his alma mater.

Charles C. Richards, M. D., Western Reserve School of Medicine, Cleveland, 1883; aged 57; died at his home in Bellevue, October 18, from pneumonia. Dr. Richard's entire life was spent in Bellevue. He had served as a member of the city council and at the time of his death was a member of the board of education. Surviving are his wife, one son and one daughter.

Captain Orin Worrett Robe, M. D., M. O. R. C., Starling Medical College, Columbus, 1891; aged 50; member of the Ohio State Medical Association and Fellow of the American Medical Association; died at Ellis Island recently from pneumonia. Dr. Robe had just returned from France. His home was at Portsmouth.

Lieutenant Frank Benedict Rosinski, M. D., M. R. C., Toledo Medical College, Toledo, 1913; aged 28; died at his home in Cleveland, October 21, from influenza. Dr. Rosinski had just been ordered to Fort Oglethorpe for duty.

Clarence Frederick Rulmann, M. D., Ohio State University College of Medicine, Columbus, 1915; aged 29; member of the Ohio State Medical Association; died at his home in Minster, October 19, from pneumonia, following an attack of influenza.

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Pay to the order of Dr. R. C. Knode, Beneficiary of Dr. R. C. Knode,	\$5,000.00	
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Physicians Casualty Association of America.		No.
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Pay to the order of Mrs. Virginia Wall, Beneficiary of Dr. William E. Wall, deceased,	\$5,000.00	
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Dr. Samuel A. Johnson, Springfield, Mo., in good health and life expectancy, fell under an axe blow from an insane patient. Death followed in a few hours.

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Dr. Rulmann was the son of Dr. Rudolph A. Rulmann of Minster, with whom he had been associated in the practice of his profession since graduation. Besides his parents he leaves his wife, one daughter and four brothers.

James Lawrence Schrote, M. D., Eclectic Medical College, Cincinnati, 1886; aged 58; member of the Ohio State Medical Association; died at his home in Vanlue, October 22, from cancer of the liver. He is survived by his wife and two children.

N. Van Speece, M. D., Starling Medical College, Columbus, 1863; aged 79; died at his home in Quincy, October 15, from the infirmities of age. Dr. Speece practiced his profession in Quincy for fifty years. He was a veteran of the Civil War and a former member of the Ohio State Medical Association. One sister survives him.

Charles Philip Stephan, M. D., Ohio Medical University, Columbus, 1905; aged 39; member of the Ohio State Medical Association; died at his home in Spencer, October 20, from pneumonia. Dr. Stephan has practiced in Spencer for the past six years. He leaves a widow and two children.

Jesse Sidney Wyler, M. D., Medical College of Ohio, Cincinnati, 1904; aged 39; member of the Ohio State Medical Association and Fellow of the American Medical Association; died at his home in Cincinnati, October 28, from bronchopneumonia, following influenza. It is believed he contracted the disease when treating Cincinnati University students who had been transferred to the General Hospital, where he was a member of the staff. After his graduation from Ohio Medical College Dr. Wyler served as an interne at the old City Hospital for two years, after which he visited clinics of Paris, London, Vienna and Berlin for post-graduate work. At the time of his death he was attending physician at the General and Jewish Hospitals. His widow and two children survive.

Christian Zbinden, M. D., Cleveland University of Medicine and Surgery, 1882; aged 72; died at Toledo Hospital, October 31, from pneumonia. A native of Switzerland, he came to this country in 1880. Dr. Zbinden had practiced in Toledo for 36 years. He leaves his wife and four sons, one of whom is Dr. Theodore Zbinden of Toledo.

MARRIAGES IN OHIO

Lieutenant James Leonard Reyecraft, Assistant Surgeon, U. S. Navy, to Miss Marie Dannemiller, both of Cleveland, October 2.

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No school authorities should be pardoned for maintaining a school which deprives the pupils of the fresh air they need for their growth, which forces them to strain their eyes because of inadequate light, which carelessly permits them to be exposed to contagious diseases, which forces them to drink water of uncertain purity or which makes no attempt to remedy their physical defects.

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Draft examinations prove that many American men are unfit for military service because their health was not properly looked after in childhood. The responsibility for such a situation must rest largely with the public schools, which, while training the pupils' minds to fit them for citizenship, have neglected their bodies—an equally important factor in performing the greatest of all the duties of citizenship.

Competency of Insane Witnesses

Common Pleas Judge Alfred K. Nippert of Hamilton County has rendered an interesting opinion concerning the competency as witnesses of insane persons. In a case against an attendant at Longview, charged with homicide, the court admitted testimony of one of the patients who witnessed the assault. The defense filed objections as to the competency of this testimony. Judge Nippert in a decision that has been widely quoted, holds that such testimony is competent if the court, after examination of the patient-witness, and other persons who are acquainted with his condition, is satisfied that he has sufficient understanding to apprehend the obligation of an oath, and is capable of giving an intelligent and correct account of what took place. The court held that the credibility of such a witness, and the weight to be given his testimony, is a matter for the jury to determine.

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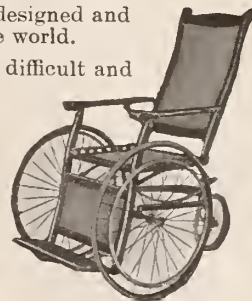
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MEETINGS OF COLUMBUS

ACADEMY OF MEDICINE

(Report by Ivor G. Clark, M.D., the Secretary)

Meeting of September 23. Dr. C. P. Linhart read a carefully prepared paper, dealing with school inspection in Columbus. A report of the work already accomplished was made and possible suggestions for future development in this city were given. The paper was discussed by Drs. A. B. Nelles, H. M. Platter and W. C. Graham. They agreed that a larger force of nurses is urgently required to properly expand the work of school inspection and that more adequate means to deal with the conditions discovered must be elaborated if the problem is to be handled at all properly. Dr. Linhart proposed propaganda to increase the co-operation of the parents, declaring that parents of only one out of six children reported take action on the recommendations made by the school authorities.

A vote was taken upon the number of meetings for the rest of the year which resulted in a decision to hold meetings semi-monthly.

Dr. Platter cautioned the physicians to write a prescription for all morphia dispensed so as to conform with the Ohio law as well as the Harrison measure.

The following applications were proposed: Drs. W. C. Heintz, C. W. Conley, C. S. McCafferty, E. J. Martin, Augustus S. Ritter, Diego Delfino and Henry H. Goddard, Ph. D.

Meeting of October 7. Program: What Physicians of Ohio can do to Further the Work of the Bureau of Juvenile Research, by H. H. Goddard, Pr. D., Director of the Department of Juvenile Research, with discussion by Drs. Geo. T. Harding and E. J. Emerick; War and Posterity, by C. H. Van Norman, Dean of the Agricultural College of the University of California and President of the National Dairy Show.

Meeting of October 21. Program consisted of a symposium on influenza, as follows: History of the Disease, Bacteriology and Pathology, by Dr. R. A. Ramsey; The Problem of the Epidemic—The Ohio Situation, by Dr. E. J. Schwartz; The Clinical Side of the Disease, by Dr. W. L. Dick; Influenza in Columbus, by Dr. Louis Kahn.

Meeting of November 18, held at the State Institution for Feeble-Minded. Program: Defectives in the Public Schools, by Dr. C. P. Linhart; The Recognition of the Highly Developed Type of Moron with Demonstration of Cases, by H. H. Goddard, Ph. D.; Abnormal Mental Phenomena in Children, by Dr. F. C. Wagenhals; Informal Remarks, by Dr. E. J. Emerick.

MEETINGS OF TOLEDO

ACADEMY OF MEDICINE

(Chester W. Waggoner, M. D., Secretary)

Meeting of October 4. Program: Business session; Report of Work of Ohio Branch, Council of National Defense, by Dr. C. N. Smith; Some Case Reports with Post Mortem Specimens, Dr. H. G. Pamment; Doudenal-jejunal ileus Dr. Wm. H. Fisher, with discussion by Dr. J. H. Jacobson.

COUNTY SOCIETIES

Montgomery County Medical Society held its regular semi-monthly meeting at Rauh Hall, Dayton, November 15. Dr. D. B. Conklin read an interesting paper on "Pyolitis in Infants," and Judge Harry N. Rouhzohn spoke on "Court Problems in the Insane." The next meeting will be held December 6.

Summit County Medical Society met November 5, with an attendance of 49 from Akron, Copley and Wadsworth. New members admitted are Drs. W. B. Andrews and J. H. Krape, Kent, and G. H. Waggoner, Ravenna. Lieutenant C. Gottlieb, M. C., U. S. A., presented an excellent paper on "Influenza among Soldiers," which was discussed by Drs. W. S. Chase, C. T. Nesbitt, D. W. Stevenson, W. Wilson, M. D. Miller, D. B. Lowe, A. G. Gould and S. St. J. Wright.—A. S. McCormick, Correspondent.

Knox County Medical Society met at the Wisner Hotel, Mt. Vernon, November 3, with an attendance of 20. "Serums and Vaccines" was discussed by Drs. J. F. Lee and W. W. Pennell; "Influenza and Pneumonia," by Dr. G. D. Arndt, and "Anti-Influenza Organization," by Dr. F. C. Larimore.

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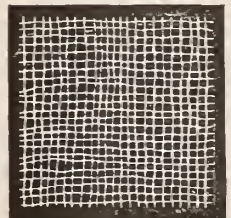
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Total Deaths in Ohio Caused by Influenza May Reach 12,000; With Approximately 600,000 Cases!

By VINTON E. McVICKER

(Publicity Director, Ohio State Department of Health, Columbus, Ohio)

After running its devastating course for more than two months, Ohio's influenza epidemic was believed to be over late in November, except for several local outbreaks which continued past that time.

By December 1, most communities had removed the restrictions upon public gatherings which had been imposed as a preventive, although, at the suggestion of the State Department of Health, caution was observed in relaxing the closing orders in most instances. By action of the Public Health Council of the State Department, the power to rescind closing orders was conferred upon local health departments.

As the epidemic drew to a close the United State Public Health Service withdrew its staff of physicians who had been assigned to influenza service in the state. The Public Health Service had 67 doctors on duty in Ohio, of whom 48 were Ohioans, the 19 others having been brought in from other states. Most of these physicians were drawn from the ranks of the Volunteer Medical Corps. They were employed on a tem-

porary basis as acting assistant surgeons in the Public Health Service, at a salary of \$200 per month and an expense allowance of \$4 per day. The Public Health Service spent in the neighborhood of \$30,000 in Ohio. Dr. E. W. Scott of Chicago was stationed in Columbus as medical officer in charge of personnel.

The total of influenza deaths in the state during the epidemic, when finally compiled, is expected to run close to 12,000, and the total of cases is estimated at approximately 600,000. The death estimate is based upon preliminary totals compiled by the Bureau of Vital Statistics, showing that in October alone, with reports from one-fourth of the state missing, more than 7,000 influenza deaths were reported. Cases recorded by the State Department of Health, partly on the basis of official reports and partly on the basis of newspaper estimates in various localities, total nearly 300,000, but officials in touch with the situation declare that this is only about half complete. The average percent of fatalities in the state at large is estimated at two per cent. of all cases. This is lower than the rates for some of the eastern states which had epidemics earlier than Ohio, and is lower than the rates observed in military camps. A higher rate is known to

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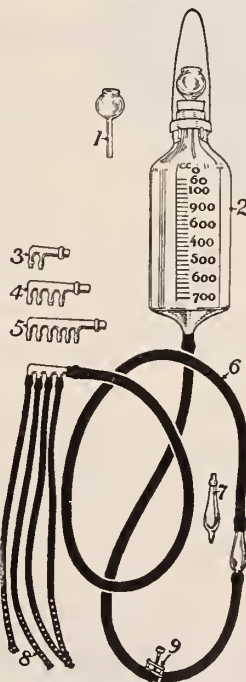
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have prevailed in certain parts of Ohio, where living conditions were bad. Pleasant weather, which led people to spend much time outdoors, is credited with saving the lives of many Ohioans. The eastern epidemics occurred at a time when the weather was bad, keeping the people indoors and thus favoring the spread of the disease.

In several instances in Ohio, undue haste on the part of local officials in reopening places of public assemblage is declared by state health officials to have brought about recurrences of outbreaks which were believed to be practically over. Such recurrent epidemics were noted in Cambridge, Bellaire, Martins Ferry, Bridgeport and New Lexington. The explanation offered by the State Department of Health is that when the closing orders were rescinded the disease was still prevalent in country districts near these places and that the disease was reintroduced into the towns by rural visitors who flocked in to attend theaters, churches and other gathering places.

Officials of the State Department of Health expect a normal prevalence of influenza in the state during the winter but do not look for epidemic conditions after the present scattered local outbreaks still in progress are brought under control.

It's a trifle early—but our last chance—to wish you a Merry Christmas.

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NEWS NOTES OF OHIO

Willoughby—Dr. Charles H. Tanner and family have moved to Cleveland.

St. Paris—Dr. Edgar Ross has moved to this village from Bartlett, Washington County.

Canton—Dr. L. D. Stoner was slightly injured, October 26, when his automobile collided with another.

Arcanum—Dr. Ira H. Hawes sustained serious injuries by the overturning of his automobile near Ithaca, October 20.

Cleveland—Mrs. A. R. Warner, wife of Dr. A. R. Warner, superintendent of Lakeside Hospital, died November 25 from pneumonia.

La Fayette—Dr. J. W. Swartz has moved from this village to Bloomingburg. Dr. Swartz practiced in Madison County for 28 years.

New Bremen—The wife of Dr. F. F. Fledderjohann died October 23 from pneumonia, following influenza.

Portsmouth—Dr. James W. Fitch is acting as secretary of the Hempstead Academy of Medicine during the absence of Dr. Oral D. Tatje, who is in military service.

Circleville—Dr. Dudley V. Courtright has been appointed a member of the Pickaway County Draft Board, succeeding Dr. Austin W. Holman, resigned to enter active service.

Toledo—Dr. Frederick A. Stafford, former Toledo physician, died at Phoenix, Arizona, October 20, from influenza. He was president of the Arizona board of medical examiners.

Lima—Dr. William Roush has been appointed to membership on the District Advisory Board to fill the vacancy caused by the resignation of Dr. O. S. Steiner, who has entered military service.

Coshocton—Word has been received here of the deaths of two former physicians of this city from pneumonia. Dr. Victor M. Rice died at Nashville, Tennessee, October 13, and Dr. Rufus K. Merriam died at Baker, Oregon, October 30.

Painesville—Dr. W. P. Ellis, member of the Ohio House of Representatives and formerly a practicing physician of Thompson, has located in this city and is now occupying the office and residence of the late Dr. C. F. House.

Bellefontaine—Dr. F. R. Makemson has been named acting assistant surgeon of the Big Four Railway Company, to serve during the absence of Dr. Frank B. Kaylor in military service. Dr. George W. Miller of Mansfield will have charge of Dr. Kaylor's office in his absence.

Washington C. H.—Dr. S. E. Boggs, for many years a practitioner of Good Hope, has opened an office here. When Dr. Boggs moved to this village recently he had intended to retire, but the epidemic, combined with the scarcity of physicians, induced him to resume practice.



125 Million Explosions Inside Every Kernel

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The grains are sealed in guns, then revolved for one hour in 550 degrees of heat. Thus the moisture in each food cell becomes super-heated steam.

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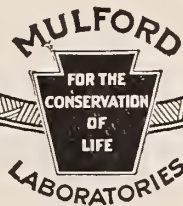
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The high percentage of deaths from infection by the *streptococcus hemolyticus* complicating pneumonia, warrants our calling attention to the importance of

1st. IMMUNIZATION

Preventing Infection with an appropriate Serobacterin or Bacterin. Reports from physicians in charge of medical work connected with industrial institutions, boards of health, and general practitioners, abundantly justify the prophylactic use of Influenza Serobacterin containing the organisms isolated from the present epidemic, in preventing influenza and pneumonia.

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In streptococcus pneumonia the early use of Antistreptococcic Serum Polyvalent administered intravenously, in full doses (100 to 200 mls), repeated every 8 to 12 hours or as indicated. This serum contains the antibodies against the different streptococci isolated from the present epidemic. Especial reference is made to the *streptococcus hemolyticus*.

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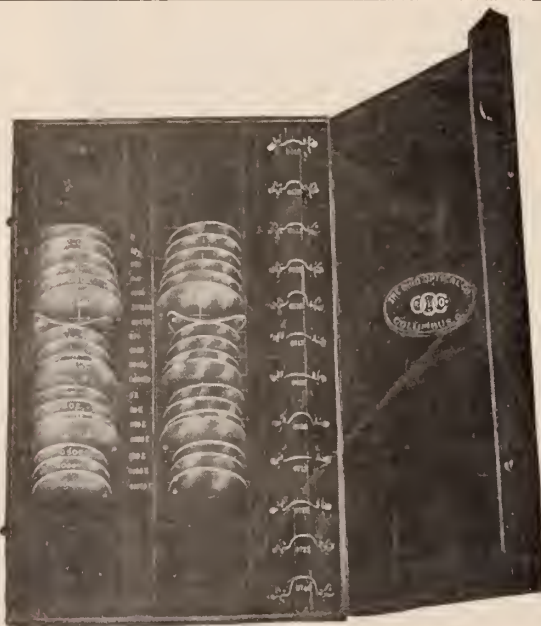
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OWNED AND PUBLISHED MONTHLY
BY THE
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UNDER THE DIRECTION OF THE PUBLICATION COMMITTEE

FEB. 1, 1918

VOL. XIV
No. :: 2



Entered as second class matter July 5, 1905, at the
Postoffice at Columbus, Ohio, under act of
Congress of March 3, 1879

¶ *The best interests of the medical profession, without exception, are the best interests of the public.*

¶ *The Ohio State Medical Association in safe-guarding the interests of the medical profession is directly protecting the interests of the public.*

Index on Page 101

Keen's Treatment of War Wounds

This work is based on a report to the National Research Council, and gives in detail the latest developments in the treatment of war wounds. It presents such important subjects as Dakin's solution and other antiseptics, prevention and treatment of tetanus, gas infection, gas gangrene, wounds of the head, chest, joints and abdomen; paraffin No. 7, transportation of wounded, and much other valuable information.

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¶ *This war has affected the medical profession more than any other body of men.*

¶ *Sweeping changes in medical practice conditions will result from it.*

¶ *Is a strong state association an absolute necessity in these times?*

Index on Page 157

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Statement, Page 337; Index Page 357

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IN THIS NUMBER WE PRINT BLANK APPLICATIONS FOR THE M. O. R. C. AND THE NEW VOLUNTEER MEDICAL SERVICE CORPS

—Index this month on page 486

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—Index this month on page 536

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—Index this month on page 592

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—Index, this month, on page 642

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